F96000006555

METROSONICS INC.

700002788207--8 -02/26/99--01036--003 *****35.00 *****35.00

		Office Use Only	
CORPORATI	ON NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1.			
	(Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENT	S = 5	
Profit	Amendment	7 9g	
NonProfit	Resignation of R.A.,	Officer/ Director d Agent Officer/ Director	
Limited Liability	Change of Registere	d Agent SS	
Domestication	Dissolution/Withdra	wal Mc P 11	i
Other	Merger	wal FF STA O O O O O O O O O O O O O	
		Jones 2 2	
OTHER FILING	REGISTRAT	TION RAY DON'S ROTTON 32-99	
Annual Report	QUALIFICA	TION	
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark		
			

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New Nork submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Metrosonics, Inc.			-
1b. Date of incorporation	F9b	- 65	<u>55</u>
2. The name and address of the current registered agent and office: James Slattery 724 Malone Drive		3 6 6	
Orlando FL 32810	3 5	8 5	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	SEE FI	AH II	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantatio		o iN da	33324
Such change was authorized by resolution duly adopted by its board of direct an officer so authorized by the board. SIGNATURE DATE SIGNATURE DATE Signature DATE			.
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVED PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIDED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTAGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER APPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ATTHE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	SIGNA STERE COMI	TED D PLY OM-	
SIGNATURE BY: JANUK POAT (Registered Ager DATE 2/18/97	and the	₋ Аss4	! Sec

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)

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