Electronic Filing Cover Sheet

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(((H16000053459 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

: (850)205-8842 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE **ELECTROSONIC, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Help

MAR 2 2016

C LEWIS

3/1/2016 2:41:16 PM From: To: _8506176380(2/3)

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ELECTROSONIC, INC. JECT:					
	Name of Corporation					
DOCU	F99000005095 CUMENT NUMBER:					
The er	enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ing.				
Please	e return all correspondence concerning this matter to the following:					
	Name of Contact Person					
	CT Corporation					
	Firm/Company					
	Address					
	7.00.00					
City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)					
For fu	urther information concerning this matter, please call:					
	, r					
	Name of Contact Person at () Area Code & Daytime Teleph					
	Name of Contact Person Area Code & Daytime Teleph	one Number				
Enclos	osed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporation	S				
	P.O. Box 6327 Clifton Building	a				
	Tallahassee, FL 32314 2661 Executive Center C Tallahassee, FL 32301	Jircle				
	Tulianassee, TE 32501					

CR2E045 (03/12)

3/1/2016 2:41:16 PM From: To: 8506176380(3/3)

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

•	<u>-</u>	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Minneso		
		tered agent, or both, in the State of Florida.		
1. The name of t	he corporation: ELECTROSONIC, INC.			
	office address: 10320 BREN ROAD EAS	T MINNETONKA, MN 55343		
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 09/30/1999 Document number: F9900000				
	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the ed)		
	PIERCE, THURSBY			
	4501 VINELAND RD SUITE 105		01 1 6	
	ORLANDO, FL 32811		HAR S	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	C T Corporation System		AM 9: 50	
c/o C T Corporation System, 1200 Sout		Pine Island Road	50 50	
P.O. Box NOT acceptable		T acceptable	•	
	Plantation, Florida 33324			
The street addre	ss of its registered office and the street be identical.	address of the business office of its register	red agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	o o	
and with	h	Secretary		
I hereby accept I further agree to	to the officer or director the appointment as registered agent are to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as regis lect a change in the registered office addres in writing of this change.	stered s, I	
	poration System	3/1/2016		
Sign Sign	incent	Date		
If signing on be	half of an entity:			
<u> </u>	VP and Asst. Scc.			
Ty	ped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)