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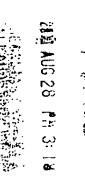
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: IMPACT POWER						
Dear Sir or Madam: The enclosed Registered Agent/Regi Please return all correspondence con						
PETER LAKE						
Name of Pe						
IMPACT POWER TECHNOL						
Firm/Compa						
145 WOOD ROAD						
Address						

IMPACT POWER TECHNOLOGIES, LLC

Name of Limited Liability Company

- No 20 May 1

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER LAKE	
Name of Person	
IMPACT POWER TECHNOLOGIES, LLC	
Firm/Company	
145 WOOD ROAD	
Address	
BRAINTREE, MA 02184	
City/State and Zip Code	
PLAKE@MBAGROUP.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
PETER LAKE	781 228-2173
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	lame of the limited liability company:IMPACT POWER TECHNOLOGIES, LLC					
2.	(a)	IMPACT POWER TECHNOLO	OGIES, LLC	(b)	IMPACT POWER TECHNOLOGI	ES, LLC	
\	(-)	Principal office address of limited liab (Note: MUST BE STREET AL		_ (0)	Mailing address of limited liability co (Note: MAY BE POST OFFICE I		
		145 WOOD ROAD			145 WOOD ROAD		
		BRAINTREE, MA 02184		_	BRAINTREE, MA 02184		
		OCTOBER 30, 2012			M12000006120		
3.		Date of filing/registration in	Florida	4.	Document number		
5.	(a)	IMPACT POWER TECHNOL	OGIES, LLC				
	(-)	Registered Agent and Registered Office show COLLEEN LYNAM	n on the records of the	he Florida I	Dept. of State:		
		Registered Office Address (MUST BE FL	الله الله الله الله الله الله الله الله	, , Q .			
		7982 SW JACK JAMES DRIV	√E			<u> </u>	
(l		STUART	, FL_	34997		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	(b)	IMPACT POWER TECHNOLO	OGIES, LLC				
	(-/	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		RICHARD J. VALENTINE				6 5.	
		NEW Registered Office Address:					
		925 S. MILITARY TRAIL D4					
		WEST PALM BEACH	, FL_	33415	<u> </u>		
the age wa:	cha ent w s/we	nge or changes are made, the Plorida s vill be identical. Or in the case of a F	street address of lorida limited lia of the members of	the regist bility cor f the limi limited li	State of Florida, it is hereby confirmed the tered office and the business office of the impany, it is hereby confirmed that the chaited liability company or as otherwise probability company. CHARD J. VALENTINE	registered	
Signature of a member or authorized representative of a member			Printed or typed name of signee				
pro the to r not	ovisio obli nere ifiea	oy accept the appointment as registere ons of all statutes relative to the propo- igations of my position as registered a iv reflect a change in the registered of I in writing of this clambe.	d agent and agree er and complete p gent as provided ffice address, I h	ee to act i performa I for in C iereby co	in this capacity. I further agree to compl ince of my dutics, and I am familiar with hapter 605, F.S. Or, if this document is i infirm that the limited liability company h	y with the and accept being filed as been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00