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R. WHITE

COVER LETTER

TO:	Amendment Section Division of Corporations
SURJ	Electric Picture Display Sytems, Inc.
	Name of Corporation
DOC	UMENT NUMBER: P03000031033
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rhonda L. Hinds
	Name of Contact Person
	Rhonda L. Hinds & Associates, CPA, PA
	Firm/Company
	400 E. Merritt Ave., Suite C
	Address
	Merritt Island, FL 32953
	City/State and Zip Code
	rhinds@hindscpa.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	ela M. Higgins 321 757-8484
-	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	sed 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 Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of cha	nge is submitted for a corporation organized under the laws of the State of Florida	
in order	to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	Electric Picture Display Systems, Inc.	
2. The principal	6425 Anderson Way, Melbourne, FL 32940	
3. The mailing a	Same ddress (if different):	
4 Date of incorr	oration/qualification: Document number: PO 30003 1033	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
- · · · · · · · · · · · · · · · · · · ·	Matthew T. Burke CPA, PFS	
	Comp Bourd Office Building Cuite 707	
	Cape Royal Office Building, Suite 707	
	1980 North Atlantic Avenue, Cocoa Beach, FL 32931	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Rhonda L. Hinds & Associates, CPA, PA	
	400 E Merritt Ave. Suite C	
	P.O. Box NOT acceptable Merritt Island, Florida 32953	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
68	Pamela M. Higgins	
Signatur	e of an officer or frector Printed or typed name and title	
I hereby accept if further agree to performance of agent. Or, if this hereby confirm is	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The statutes relative to the proper and complete The statutes and I am familiar with and accept the obligation of my position as registered The statute of the composition has been notified in writing of this change.	
Slund	URBUWW 3/14/14 ature of Registered Agent Date	
If signing on bel	nalf of an entity:	
Rhonda L. Hi	•	
Ту	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *