PD8000048028

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
. (Bı	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900157996709

09/22/10--01013--013 **70.00

SECRETARY OF STATE ABBUAHASSEE FLORIDA

RARD CAS

COVER LETTER

TO:	Amendment Section Division of Corporation	on Pations	
SUBJ	ECT:	Mictron, Name of C	
DOC	UMENT NUMBER	P08	000048028
The er	nclosed Statement of	Change of Registered Offic	e/Agent and fee are submitted for filing.
Please	return all correspon	dence concerning this matter	to the following:
	·	-	•
		Lisa A	Koen
		Name of Co	ntact Person
			n, Inc
		Firm/Co	mpany
			ter Way
		Add	ress
	·····	Sarasota, Fl. City/State a	34232-6221
		City/State at	lu Zip Code
		lisa@mic	tron.net
	E-mai	address: (to be used for f	uture annual report notification)
For fu	rther information co	ncerning this matter, please	all:
	Liea	A. Koen	0/1 271 6650
		ontact Person	at (941) 371-6659 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check	made payable to the Depar	ment of State.
	<u>M</u> A	ailing Address: mendment Section	Street Address: Amendment Section
		ivision of Corporations	Division of Corporations
		O. Box 6327	Clifton Building
	T	illahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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, this statement of change 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 the corporation: Mictron, Inc
2. The principal office address: 6050 Porter Way, Sarasota, Fl. 34232-6221
3. The mailing address (if different):
4. Date of incorporation/qualification: F; Ld May 13, 2008 Document number: P08000048028
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Ronald Smith (resigned)
4711 Ocean Blvd.
Sarasota, FL. 34232
Sarasota, FL. 34232 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Lisa A. Koen 33 Sugar Mill Drive P.O. Box NOT acceptable
Lisa A. Koen
23 Sugar Mill Drive
Osprey, FL. 34229
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board) or the corporation has been notified in writing of the change.
Signature of an officer or director Lisa A. Koen, President Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent October 1, 2010 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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