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C T Corporation System  Requestor's Name  660 East Jefferson Street Address Tallahassee, FL 32301  City State Zip	Phone	40000284655 -04/22/9901004 *****35.00 ***	46 -086 **35.00
CORPORATI	ON(S) NAME		
		**************************************	
Stereo Optical Con	normy, Two		-
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( ) Profit ( ) NonProfit	() Amendment	() Merger	
() Limited Liability Compa () Foreign	() Dissolution/Withdra	wal () Mark	
() Limited Partnership () Reinstatement	( ) Annual Report ( ) Reservation	() Other () Change of R.A. () Fictitious Nam	e <sub>.</sub>
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Acknowledgment	RECEIVED	4-21-99 CC	

CR2E031 (1-89)

W.P. Verifier

## 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 <a href="mailto:submits">Statutes</a> , the undersigned corporation organized under the laws of the State of <a href="mailto:submits">State of Florida</a> . The state of Florida.	
1a. The name of the corporation is: Stereo Optical Company, Inc.	
1b. Date of incorporation 10/09/68 Document number 20838	12 + 1
2. The name and address of the current registered agent and office:  The Prentice-Hall Corporation System, Inc.	
1201 Hays Street, Suite 105, Tallahassee, Florida 32301  3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM	-
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332	2.4
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.  Such charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.  Shawn M. Harrington, President (Type or printed name and title)  DATE	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.  SIGNATURE BY A COUNTY OF THE PROPERTY OF SYSTEM (Registered Agent) SALVINA AMENTAL DATE 4/16-99  DATE 4/16-99  SPECIAL ASSESSMENTS	gpay Echetary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)