P10000100575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

11-15-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Daltech Devices Inc
Name of Corporation

DOCUMENT NUMBER: P10000100575

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angie Galea
Name of Contact Person

Boca Theater and Automation
Firm/Company

P.O. Box 6276
Address

Lindenhurst, IL 60046
City/State and Zip Code

accounting@microwavedistributors.com
E-mail address: (to be used for future annual report notification)
microwavedistributors.com

For further information concerning this matter, please call:

Angie Galea at (561) 208-6041
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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: Dalton Devices, Inc.

2. The principal office address: 9930 Clint Moore RD D 103
Boca Raton, FL 33496

3. The mailing address (if different): P.O. Box 6276
Lindenhurst, IL 60046

4. Date of incorporation/qualification: 1/21/11 Document number:

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)

NRAI Services, Inc.
515 E Park Ave
Tallahassee, FL 32301

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeff Galea
9930 Clint Moore Rd D103
P.O Box NOT acceptable
Boca Raton, FL 33496

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

JEFF Galea, CEO
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

11/3/2011
Date

If signing on behalf of an entity:

JEFF GALEA
Typed or Printed Name

*** FILING FEE: $35.00 ***

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

CR2E045 (8/05)