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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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R.A. Change

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5-22-08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Vision Power Systems, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94 0000 91294

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:

John H. McCorvey, Jr., ESq.
(Name of Contact Person)

McCorvey + myers
(Firm/Company)

1912 Hamilton Street, Suite 204

Jack Sonville, Horida 32210 (City/State and Zip Code)

For further information concerning this matter, please call:

John H. McCorvey, Jr., Esq. at (904) 388-4030, ext. 403 (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

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: Vision Power Systems, Inc. |
| 2. The principal office address: 3733 Crown Point Road |
| Jacksonville, Florida 32257 |
| 3. The mailing address (if different): |
| 20/1001 |
| 4. Date of incorporation/qualification: 12/19/1994 Document number: P94 0000 91 294 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| John H. McCorvey, Jr., Esq. |
| 4595 Lexination Avenue, Suite 400 |
| Jacksonville, Florida 32210 部員 n |
| JackSon Ville, Florida 32-210 25. 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| John H. McCorvey, Jr., Esq. |
| 1912 Hamilton Street, Suite 2045 5 |
| Jackson ville, Florida 32210 |
| 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 specific or director) Report of typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. If the same to comply with the provisions of all statues relative to the proper and complete performance of any duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified ingwriting of this change. |
| (Signature of Registered Agent) (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

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