DOCUMENT #	CCEZCO
DOCOMENT#	S65760

1. Entity Name

EDX ELECTRONICS, INC.

Principal Place of Business

477 COMMERCE WAY

STE 101

LONGWOOD FL 32750

2. Principal Place of Business

Mailing Address

477 COMMERCE WAY

SUITE 101

LONGWOOD FL 32750

1040 WILLA SPRINGS DR.

3. Mailing Address

US



Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WHITE IN THIS SPACE				
City & State			City & State				59-3076063		$\rightarrow$	pplied For	
WINTER		INGS , FL		INGS	<u>, F</u>	<u> </u>	00 001 0000			lot Applicable	
Zip 327	08	Country USA	32708	Coun	" <u>USA</u>	<b>1</b> 5. (	Certificate of Status Desired		. <b>75</b> Ad Require	lditional ed=	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
BONETT, MITCHELL				Street Address (P.O. Box Number is Not Acceptable)							
675 KEVKA CT											
WINTER S	springs f	L 32708									
					City		F	FL	Zip Cod	e	
8. The above	named entity	v submits this statement fo	r the purpose of changing its	s registere	L ed office or	registered ag	ent, or both, in the State of Florida.				
		,		J		0 0					
SIGNATURE .											
olora cone	Signature, typed	or printed name of registered agent :	and title if applicable. (NOT	TE: Registere	d Agent signatu	re required when re	instating) DAT	Ē			
9. This corpo	oration is eliq	ible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.0	)0	10. Election Campaign Financing		<b>A</b> E 4	00	
	•	and elects to do so.	After May 1, 20	002 Fee	will be \$5	50.00	Trust Fund Contribution.			00 May Be	
(See criter	ria on back)	. 🗆	Make Check Paya	ble to De	epartment	of State					
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIF	ECTOF	IS IN 11	
TITLE	VD		☐ Delete	TITLE					Change	Addition	
NAME		MITCHELL		NAM	_					ļ	
STREET ADDRESS CITY-ST-ZIP	675 KEV				ET ADDRESS -ST-ZIP					]	
		SPRINGS FL 32708							<b>0</b> 1		
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CITY-ST-ZIP				4	-ST-ZIP						
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Attackment #565760 768597

Welle Wowing

Apti 13, 2012, we wi

Our new Bill To,

1040 WILL Winter Sp

EDX Electronics, Inc.

mosesimores estados www

Our telephone numbers was a 407-881-4100

40%-637.-701/2 fees 830-605-47.00