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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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: (850)222-1092

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## REGISTERED AGENT CHANGE

DEARBORN ELECTRONICS, INC.

Certificate of Status	0
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Page Count	02
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6/9/2009

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stational State of Florida State o	ida	<del></del>	
	er to change its registered office or registered agent, or both, in the State of Flori the corporation: DEAKBORN ELECTRONICS, INC.			
	office address:			
1221 N HWY	17-92 LONGWOOD FL 32750			,
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 6/10/1992 Document number: V43185			
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the	ne .		
	A.G.C. CO	ZK.	9	
	200 S ORANGE AV8, STE 2300		<u></u>	or all parts
	ORLANDO FL 32801 US	RETAR'	JUN -9	eras Come
5. The name and (if changed):	smeet address of the new registered agent (if changed) and /or registered office	Y OF S	PM t:	; []] [=
	C T Corporation System	PE SE	: 25	egizz.
	c/o C T Corporation System, 1200 South Pine Island Road	134 134		
	(P.O. Box NOT acceptable) Plantation, Florida 33324			
The street address as changed will	ss of its registered office and the street address of the business office of its rebe identical.	gistored	ageni,	
Such change was	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been nutified in writing of the change.	icer so		
(uhn	SAMES P SHEARY  AND WHO CITY OF THE AND THE OF SHEARY  WHITE OF SHEARY  WHITE OF SHEARY		ال بھائے	مسمو
hereby accept further agree to if my duties, and locument is bein corporation has	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and comple  of am familiar with and accept the obligation of my position as registered ag  ng filed merely to reflect a change in the registered affice address. I hereby of  been notified in writing of this change.	te perfor ent. Or onfirm th	munce if this iai the	
By: Darla	Me abuilt 6/11/89  muture of Registered Agent) (Date)			
•	half of an entity :  Barbara A. Burke  Special Assistant Secretary			
(1)	yped or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			
MA	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323	14		

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