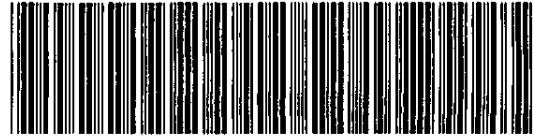


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10/31/11--01009--014 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Musical Power Supplies Inc.
Name of Corporation

DOCUMENT NUMBER: P06000125456

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:

Josie A. Sorensen
Name of Contact Person

InCorp Services, Inc.
Firm/Company

2360 Corporate Circle · Suite 400
Address

Henderson, NV 89074-7722
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josie Sorensen at (800) 246-2677
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

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: Musical Power Supplies, Inc.
2. The principal office address: 711 Forest Trace Dr
Chesterfield MO 63017
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/02/2006 Document number: P06000125456

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)

Mathew Sespaniak
10234 Oak Meadow Lane
Lake Worth FL 33449

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

Incorp Services Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee FL 33470

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STATE DEPT. OF STATE
TALLAHASSEE FL 32314

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.

Mathew Sespaniak
Signature of an officer or director

Mathew Sespaniak, President
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]
Signature of Registered Agent

10/24/2011
Date

If signing on behalf of an entity:

Josie A. Sorensen on behalf of Incorp Services, Inc.
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