

F09000002808

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 JUL -7 PM 12:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
CELLULAR SPECIALTIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

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PA Change *RE-SUBMIT*

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Corporate Filing Menu

date of submission ^{Help}

7/2

*7-8-14
DC*



July 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CELLULAR SPECIALTIES, INC.
670 NORTH COMMERCIAL ST
SUITE 202
MANCHESTER, NH 03101

SUBJECT: CELLULAR SPECIALTIES, INC.
REF: F09000002808

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

SECTION 1. THE NAME OF THE CORPORATION SHOULD LIST THE NAME OF THE CORPORATION NOT THE DOCUMENT NUMBER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H14000159274
Letter Number: 514A00014509

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT

Please retain original filing
date of submission 7/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CELLULAR SPECIALTIES, INC.
Name of Corporation

DOCUMENT NUMBER: F09000002808

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:

Amy Forster
Name of Contact Person

Westell Technologies, Inc.
Firm/Company

750 N. Commons Drive
Address

Aurora, IL 60504
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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 New Hampshire in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Cellular Specialties, Inc.
- 2. The principal office address: 670 North Commercial Street, Manchester, NH 03101
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/13/2009 Document number: F09000002808

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

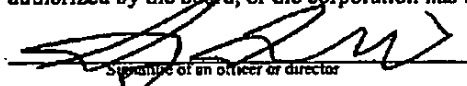
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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

Amy Forster, Treasurer
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.

By Megan Morrison
Signature of Registered Agent

Megan Morrison
Assistant Secretary

7/2/14
Date

If signing on behalf of an entity:

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 (03/12)