**Electronic Filing Cover Sheet** 

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(((H24000115760 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number

: (561)214-8442

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

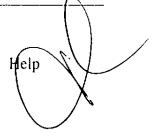
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## REGISTERED AGENT CHANGE INFINERA CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of red agent, or both, in the State of Florida.			
I. The name of t	the corporation: Infinera Corporation				
2. The principal	office address: 6373 SAN IGNACIO AVE	NUE SAN JOSE, CA 95119			
3. The mailing a	ddress (if different):				
4. Date of incon	poration/qualification: 04/27/2011	Document number: F11000001832			
	I street address of the current registered ag trment of State: (If resigned, enter resigned				
	NRAI SERVICES, INC	202			
	1200 SOUTH PINE ISLAND ROAD				
	NRAI SERVICES, INC  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324  PRAISERVICES, INC  PRAISERVICES, INC				
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed);					
	United Agent Group Inc.				
	801 US Highway I				
P.O. Box NOT acceptable North Palm Beach FL 33408					
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agent,			
		by its board of directors or by an officer so ified in writing of the change.			
Am =	Til-	Ariana Turoski, Attorney-in-fact			
hereby accept further agree t if my duties, an locument is bei, corporation has	been notified in writing of this change.	Printed or typed name and little I agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the			
A-	Ele	03/28/2024			
Sign	nature of Registered Agent	Date			
f signing on be	half of an entity:				
Ariana Turoski,	Special Secretary				
Ty	ped or Printed Name				

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