## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

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DIVISION OF CORPORATIVE

## REGISTERED AGENT CHANGE TELESTREAM HOLDINGS CORPORATION

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

Electronic Filing Menu

Corporate Filing Menu

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MAY 23 2017

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

statement of cha	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statute. oration organized under the laws of the State of Delawa (fice or registered agent, or both, in the State of Florida	re	-
1. The name of	the corporation: Telestream	Holdings Corporation		
2. The principal	office address: 848 GOLD	FLAT RD, NEVADA CITY, CA 95959		
3. The mailing a	address (if different):		<u> </u>	
4. Date of incor	poration/qualification: 06/2	2/2016 Document number: F16000002843		
	d street address of the curre rtment of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)		
	CORPORATION SERVICE	E COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 3230	1-2525	2	OK.
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		registered agent (if changed) and /or registered office	2917 MAY 22	SECRETARY OF STATE
	C T Corporation System		3	ORPI
	c/o C T Corporation System	, 1200 South Pine Island Road	ŧ.	DRAI
	Plantation Florida 32324	P.O. Box NOT acceptable	23	3
	Plantation, Florida 33324			
The street addr as changed will	ess of its registered office a be identical.	and the street address of the business office of its regis	tered age	nt,
Such change was authorized by	as authorized by resolution he board, or the corporatio	duly adopted by its board of directors or by an officer n has been notified in writing of the change.	· so	
		Kimberly Bowens; Assistant Scoretary		
-	me of an officer or director	Printed or typed name and title		-
performance of agent. Or, if th hereby confirm	f my ditties, and I am Jamili its document is being filed i that the corporation has b	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete ar with and accept the obligation of my position as ref merely to reflect a change in the registered office addi een notified in writing of this change.	gistered ress, I	
By: CT Con	rporation System	05/19/2017		
	gnature of Registered Agent	Date		-
If signing on bo	chalf of an entity:			
Denise Bell; Ass	<u> </u>			
'1	Typed or Printed Name	PET TNC PEEC #28 00 + + +		

\* \* \* 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)