

M00000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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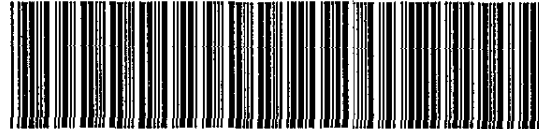
(Business Entity Name)

(Document Number)

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2004 FEB 27 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J BRYAN MAR - 1 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMTECH 21, LLC  
(Name of corporation)

**DOCUMENT NUMBER:** M00000000759

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:

SHERRY GALE  
(Name of person)

TCS CORPORATE SERVICES, INC.  
(Name of firm/company)

1720 WINDWARD CONCOURSE, STE 250  
(Address)

ALPHARETTA, GA 30005  
(City/state and zip code)

For further information concerning this matter, please call:

SHERRY GALE at ( 678 ) 775-2250  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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2001 FEB 27 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 18, 2004

SHERRY GALE  
TCS CORPORATE SERVICES, INC.  
1720 WINDWARD CONCOURSE, STE. 250  
ALPHARETTA, GA 30005

SUBJECT: COMTECH 21, LLC  
Ref. Number: M00000000759

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TALLAHASSEE, FLORIDA

We have received your document for COMTECH 21, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 304A00011095

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: COMTECH 21, LLC  
2. The mailing address of the limited liability company is : \_\_\_\_\_  
One Barnes Park South, Wallingford, CT 06492

4/18/2000 M00000000759  
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
Name  
1201 Hays St  
Address  
Tallahassee, FL 32301-2525  
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:  
TCS Corporate Services, Inc.  
Name  
103 N Meridan St  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marie Marcarelli  
(Signature of a member or authorized representative of a member)

Marie Marcarelli EVP/Manager  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314