P32359

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/07/14--01012--006 **35.00

TARRES CHRIRATE

FEB 11 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: February 5, 2014

Order#: 953389-170

Re: APCOMPOWER INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of che	provisions of sections 607.0502, ange is submitted for a corporation er to change its registered office o	on organized under the la	ws of the State of DE	
1. The name of	the corporation: APCOMPOWER	RINC		
2. The principal	l office address: 200 Great Pond	Drive, Windsor, CT 060	95	
3. The mailing	address (if different): 200 Great	Pond Drive, P.O. Box 50	0, Windsor, CT 0609	5
4. Date of incor	poration/qualification: 12/24/199	Document	number: P32359	
	d street address of the current reg rtment of State: (If resigned, ente		ed office on file with t	he
	CT CORPORATION SYSTEM			
	1200 S. Pine Island Road			1
	Plantation	FL	33324	FEB
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) an	d /or registered office	
	Corporation Service Company			TATE TATE
	1201 Hays Street	D. MOT.		
	Tallahassee	Box NOT acceptable	32301	
The street addr as changed will	ess of its registered office and th I be identical.	e street address of the bu	siness office of its re	gistered agent,
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of cobeen notified in writing of	lirectors or by an officient of the change.	cer so
		Dona Priebe, V	/ice President	
- (re of an officer or director		ed or typed name and tille	
I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered a to comply with the provisions of my duties, and I am familiar wi his document is being filed merel that the corporation has been no on Service Company	all statutes relative to the th and accept the obligat y to reflect a change in th	ie proper and complei ion of my position as he registered office ac	registered
By: Sign	in anemed	01/14/2014	Date	
0 -	enature of Registered Agent		Date	
	ehalf of an entity:			
	et, Assistant Vice President			
1	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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