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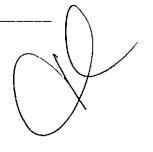
REGISTERED AGENT CHANGE INFINERA OPTICAL NETWORKS, INC.

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Help



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

statement of cha	provisions of sections 607,0502, 617,050, nge is submitted for a corporation organ r to change its registered office on register	ized under the laws of the State of _			
	r to change its registered office or registe	·	·lorida.		
1. The name of t	he corporation: Infinera Optical Networks	, nic.			
2. The principal	office address: 6373 San Ignacio Avenue S	oan Jose, CA 95119		<u> </u>	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/22/1992	Document number: P40744			
	street address of the current registered at tment of State: (If resigned, enter resigne		ith the		
	NRAI SERVICES, INC				
	1200 SOUTH PINE ISLAND ROAD		-		
	PLANTATION, FL 33324		- -	2024 MAR	
6. The name and (if changed):	street address of the new registered agen	it (if changed) and /or registered of	tice	MAR 28	7
	United Agent Group Inc.			AK	ח
	801 US Highway I		7016 _2115	7:4	
	P.O. Box North Palm Beach FL 33408	NOT acceptable	 -	ي	
The street addre	ss of its registered office and the street a be identical.	address of the business office of it	s regist	ered age	ent,
-	s authorized by resolution duly adopted e board, or the corporation has been not				
Am =	The	Ariana Turoski, Attorney-in-fact			
Signatur	e of an officer or director	Printed or typed name and ti	tle		_
i jurther agree to of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obli ng filed merely to reflect a change in the been notified in writing of this change.	ites relative to the proper and con eation of my position as registered	iplete p d agent by confi	performa Or, if irm that	ince this the
4	Flo	03/28/2024			
Sign	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
Ariana Turoski,	Special Secretary				
Ту	ped 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 (04/13)