1/12/2018



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

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

	Address.			
rmalı	DUULL BEE.			

## REGISTERED AGENT CHANGE TECH DATA CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

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C MCNAIL

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization.	anized under the laws of the State of Florida
in order to change its registered office or regis	
I. The name of the corporation: TECH DATA CORPOR	ATION
2. The principal office address:  5350 TECH DATA DR. CLEARWATER, FL 33760	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/19/1974	Document number: 465173
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
VETTER, DAVID RSVPSGC	
5350 TECH DATA DRIVE	,
CLEARWATER, FI. 33760	2018
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
C T Corporation System	
c/o C T Corporation System, 1200 South F	Pine Island Road
P.O. Box NOT Plentation, Florida 33324	l'acceptable
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	l by its board of directors or by an officer so tified in writing of the change.
/homest idens	Thomas Anderson, Secretary  Printed or typed name and life
I hereby accept the appointment as registered agent and further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflehereby confirm that the corporation has been notified in	
CT Corporation System  By: Chantalle Rufen-Blanchette Signature of Physiciaed Agent	1/12/2018
	Date
If signing on behalf of an entity:	·
Chantalle Rufen-Blanchette, Assistant Secretary  Typed or Printed Name	
* * * FILING FE	E: \$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)