822803

		
(Re	equestor's Name)	
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R.A.

-Brown 7-28-11



FILING REQUEST

July 15, 2011

FLORIDA SECRETARY OF STATE:

Type of Filing:

CHANGE OF AGENT

Subject(s):

ARROW ELECTRONICS, INC.

Form(s) Enclosed:

CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #37334 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Bernu

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\underline{\mathbb{N}}$ to change its registered office or registered agent, or both, in the State of Fl	New York	_
1. The name of the	he corporation: Arrow Electronics Inc.		
	office address: 50 Marcus Drive, Melville, NY 11747		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 5/16/1969 Document number:	822803	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	h the	
	United States Corporation Company	7A. 20	
	1201 Hays Street, Suite 105	HII J	
	Tallahassee, FL 32301	JUL 27 CRETAR) LAHASSI	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	[] [] []	EC
	NRAI Services, Inc.	RIO.	
	515 East Park Avenue		
	P.O Box NOT acceptable Tallahassee, FL 32301		
The street address as changed will l	ss of its registered office and the street address of the business office of its be identical.	s registered a	gent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	officer so	
Signature	Gregory Tarpinian, Assi	t. Sec./VP	_
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and compiled I am familiar with and accept the obligation of my position as registered agfiled merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete perforn lagent. Or, y confirm the	nance if this it the
by: Sign	ature of Registered Agent // Date		_
If signing on beh	nalf of an entity:		
	Bernu, Asst. Secretary ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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