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PICK-UP WAIT MAIL						
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THE SHAREET

2022 OCT 27 AM 9: 05

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CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 061044 AUTHORIZATION COST LIMIT : ORDER DATE: October 19, 2022 ORDER TIME : 2:19 PM ORDER NO. : 061044-062 CUSTOMER NO: 8196929 ------CHANGE OF AGENT NAME: ARROW ELECTRONICS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation ir to change its registered office or i	organized under the laws	of the State of			
	the corporation: ARROW ELECTRO					
2. The principal	office address: 9201 E. DRY CREE	EK RD CENTENNIAL, C	O 80112			
			<u></u>			
-	address (if different):		·		 -	
4. Date of incorp	poration/qualification: 05/16/1969	Document nu	mber: <u>822803</u>			
	d street address of the current register rtment of State: (If resigned, enter re		office on file with	the		
	URS AGENTS, LLC					
3458 LAKESHORE DRIVE					2	
	TALLAHASSEE	FL	32312		022 C	
TALLAHASSEE FL 32312 CT 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company			: · · ·	AH S	
	1201 Hays Street			2:	9.05	
P.O Box NOT acceptable						
	Tallahassee	FL	32301			
The street address changed will	ess of its registered office and the s be identical.	street address of the busi	ness office of its r	egistered	agent.	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of dir en notified in writing of	rectors or by an of the change.	ficer so		
يو بر	r & Gome	Jill Cilmi, Vice Pre	esident			
Signatu	re of an officer or director	Printed	or typed name and title			
I furthe r a gree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch n Service Company	l statutes relative to the e obligation of my positi in the registered office i	is capacity, proper and compl on as registered a address, I hereby (ete perfor igent. Or confirm th	mance if this rat the	
By:	nature of Registered Agent	10/25/2022				
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
T	yped or Printed Name					

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

Make Checks payable to Florida Department of State