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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

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REGISTERED AGENT CHANGE PEERLESS ELECTRONICS INC.

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pg 2 of 4 H19000216998 3

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Peerless Electronics Inc.

Name of Corporation

DOCUMENT NUMBER

827677

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

್ಷ, ರರರ

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.02 nge is submitted for a corpo to change its registered off	ration organized u	nder the laws of the Stat	of New York	
2. The principal	he corporation: <u>Peerles</u> office address: <u>85 ADA</u> AUGE, NY 11788	MS AVENU	IE		
3. The mailing a	ddress (if different):		·		
4. Date of incorp	oration/qualification: 3/2	2/1972	Document number: <u>82</u>	7677	_
	street address of the current tment of State: (If resigned, C T CORPOR	enter resigned)		ile with the	
	1200 SOUTH PINE IS	LAND ROAD		ANI	-
	PLANTATION		FL 33324	18 PH	i
6. The name and (if changed):	street address of the new re		5 ,		
	155 Office Pla	za Dr. S	Suite A		
	Tallahassee	FL	32301		
The street addre as changed will	ss of its registered office ar be identical.	nd the street address	s of the business office	of its registered agent,	
Such change wa authorized by th	s authorized by resolution of e board, or the corporation	fuly adopted by its has been notified it	board of directors or by n writing of the change	y an officer so	
151 Laurel	Locastro	<u>La</u>	urel Locastro	CFO CFO	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as register o comply with the provision my duties, and I am familia is document is being filed me that the corporation has because of the corporation has been decomposed by the corporation of the corporation has been decomposed by the corporation of the corporation has been decomposed by the corporation of the corporation has been decomposed by the corporation by the corporation decomposed by the corpo	is of all statutes re r with and accept erely to reflect a c en notified in writi	e to act in this capacity lative to the proper and the obligation of my pos hange in the registered	complete	
	nalf of an entity:		2		
Mackenzie I	Hart, Assistant Secreta	ary			