1399000003F0

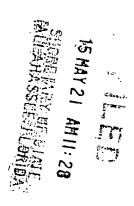
(Re	equestor's Name)			
(Ad	ddress)			
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(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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MAY 2.2 2015 **J SHIVERS**



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscinfo.com

Date: May 12, 2015

Order#: 602263-165

Re: TYCO ELECTRONICS PRINTED CIRCUIT GROUP LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	LECTRONICS PRINT				
Nam	e of Limited Partnership or Limite	d Liability Lin	nited Partnersh	ip	
2 10/	07/1999	3.	B990000	000380	
Date of filing/r	egistration in Florida		Florida docume	ent number	
4. The name of the regi Department of State:	istered agent and the registered off	ice address as	shown on the r	ecords of the Florida	
	C T CORPORATIO	ON SYSTEM	И		
_	Name				
	1200 SOUTH PINE IS	SLAND RC	AD		
_	Address				
	PLANTATION	FL	33324		
.	City, State an	d Zip		A.	
5. The name and Florid	la street address of the new register	red agent and/o	or office:	#	
_	Corporation Servic	e Company	/	え、民族	
	Name				4.4.4.4
	1201 Hays S	Street		9 3	*
_	Florida street address (P.O.	Box not accept	table)		5
	Tallahassee	FL	32301	22 26 26 26 26 26 26 26 26 26 26 26 26 26	
_	City, State an				
6. Such change(s) is/ard	e effective when filed by the Florid	ia Department	of State.		
Signature of General Pa	rtner Dona Priebe, Vice President of	on behalf of Sigr	na GP Holding,	Inc., General Partner	
comply with the provision and I am <u>f</u> amiliar with a	ointment as registered agent and a cons of all statutes relative to the pran accept the obligations of my posservice Corneany Agent Sylvia Queppet, Asst. Vic	oper and comp sition as regist	olete performa	I further agree to nce of my duties,	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50