Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000757213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (954)208-0845

Fax Number

: (614)573-3996

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

Email Address:\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SYNNEX CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

MAR 0 1 2027.

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 4 of 6

F03000005627

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

	(Document to	number of corporation (if known)	<del> = .</del>		
SYNNEX CO	RPORATION				
·	(Name of corporation as it ap	ppears on the records of the Departm	ent of State)		
Delaware		3. <u>11/12/2003</u>	<del></del>		
	(Incorporated under laws of)	(Date authoriz	ed to do business in Flor	rida)	
	(4-7 COMPLETE O	SECTION II NLY THE APPLICABLE CHAN	GES)		
	ent changes the name of the corporation, wh		e laws of its jurisdiction	of	
TD SYNNEX	Corporation				
(Name of con not contained	poration after the amendment, adding suffix in new name of the corporation)	"corporation," "company," or "incor	porated," or appropriate	abbreviat	tion, if
(If new name i	s unavailable in Florida, enter alternate corp	orate name adopted for the purpose	of transacting business i	n Florida	)
6. If the am	endment changes the period of duration, ind	icate new period of duration.			
		(New duration)	SEC	2022 F	cat pa
7. If the am	endment changes the jurisdiction of incorpo	ration, indicate new jurisdiction.	LAHASSEE	2022 FEB 28	
	<del></del>	(New jurisdiction)	SSEE.	PM 2: 2	
8. <u>If amending</u> new register	the registered agent and/or registered off ed agent and/or the new registered office :	ice address in Florida, enter the na address:	ime of the	28	
Name of	New Registered Agent				
		orida street address)			
New Regis	tered Office Address:		_, Florida		
		(City)	(Zip Code)		
New Registe	ered Agent's Signature, if changing Regist	tered Agent:			
I hereby acce	pt the appointment as registered agent. I a	m familiar with and accept the oblig	ations of the position.		
	_				
	Signature of New Registered Agent, if o	changing			

Fitle/ Capacity	Name	Address	Type of Action
			Add ·
			I Remove
			Add
	_		L.Remove
			L.Remove
			Add
			L.Remove
All Marketines and the second			Add
	_		i Remove
Attached is a certifica of the application to the under the laws of which	te or document of similar import, evidence Department of State by the Secretary of the it is incorporated		
	(Signature of a director, pr a receiver or other court a	resident or other officer - if in	the hands of fuciary)
		Secre	a <b>r</b> v

FILING FEE'\$35.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SYNNEX CORPORATION',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'TD

SYNNEX CORPORATION' ON THE TWENTY-SECOND DAY OF OCTOBER, A.D.

2021, AT 9:10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRD DAY OF NOVEMBER, A.D. 2021 AT 12:01 O'CLOCK A.M.



Authentication: 202773355

Date: 02-25-22