

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**REGISTERED AGENT CHANGE
MODUSLINK CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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OCT 18 2018

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2018 OCT 17 AM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MODUSLINK CORPORATION
2. The principal office address: 1601 TRAPELO ROAD SUITE 170
WALTHAM, MA 02451
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/09/2004 Document number: F04000000747

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

CORPORATE FILING SOLUTIONS, LLC

3030 N. ROCKY POINT DRIVE SUITE 150A

TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Registered Agents Inc.

3030 N. ROCKY POINT DRIVE SUITE 150A

P.O. Box NOT acceptable

TAMPA, FL 33607

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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Louis J. Belardi

Signature of an officer or director

Louis J Belardi, CFO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Bill Havre

Signature of Registered Agent

10/17/2018

Date

If signing on behalf of an entity:

Bill Havre-President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)