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Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE MODUSLINK CORPORATION

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, a inge is submitted for a corporation organized under th or to change its registered office or registered agent, or	e laws of the State of Dela	nware		
1. The name of t	the corporation: ModusLink Corporation				
	office address: 2000 Midway Lane Smyma, TN 37167				
3. The mailing a	address (if different):				
4. Dateofincorpo	oration/qualification: 02/09/2004 Docum	ent number: F0400000074	7		
	d street address of the current registered agent and registerent of State: (If resigned, enterresigned)	stered office on file with th	e		
	Registered Agents Inc				
	7901 4Th Street N. Suite 300				
	St.Petersburg, FL 33702		26 FAL SI		
6. The name and (ifchanged):	d street address of the new registered agent (if changed) and /or registered office	2022 JUN -2 SECRETARY L ALLAHASSEE		
	C T Corporation System		SEE C		
	1200 South Pine Island Road		To E		
	P.O. Box NOT acceptable Plantation, Florida 33324		97.00 197		
The street addre	ess of its registered office and the street address of the identical.	e business office of its reg	gistered agent,		
Such change wa authorized by th	as authorized by resolution duly adopted by its board ne board, or the corporation has been notified in writi	of directors or by an officing of the change.	er so		
/s/ Jason V	reng	Jason Wong, CFO			
Signatur	re of an officer or director	Printed or typed name and title			
of my duties, and document is bei	the appointment as registered agent and agree to actoring comply with the provisions of all statutes relative and I am familiar with and accept the obligation of mying filed merely to reflect a change in the registered as been notified in writing of this change.	t in this capacity. To the proper and complete position as registered agonglice address, I hereby co	e performance 2nt. Or, if this infirm that the		
	05/24/2022				
/s/ Joe Davis Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:	•			
Joe Davis, Secret	<u> </u>				
Ту	yped 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 (04/13)

By: