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(Re	questor's Name)			
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on)				
and fee are submitted for filing.				
ollowing:				
(Name of Contact Person)				
NRAI Corporate Services (Firm/Company)				
16055 Space Center Blvd., Suite 235				
(Address)				
ode)				
(City/State and Zip Code) For further information concerning this matter, please call:				
Area Code & Daytime Telephone Number)				
Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
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

-	•	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Nevada	this	
in orde	r to change its registered office or regist	tered agent, or both, in the State of Florida.		
1. The name of the corporation:		NEC Corporation of America		
2. The principal	office address: NEC Unified Solutions, I	inc., 6535 N State Hwy 161, 2nd Floor, Irving	j, TX 75039-240	
3. The mailing a	ddress (if different): NEC Corporation	of America, Tax Division		
6535 N Sta	ate Highway 161, Irving, TX 75039-2402			
4. Date of incorp	poration/qualification: 03/24/2004	Document number: F04000016	09	
	I street address of the current registered a trnent of State:	agent and registered office on file with the		
	Corporation Service Company			
	1201 Hays Street			
	Tallahassee, FL 32301-2525 U	S	101	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			10 HAR 30 AM IO: 38	
	NRAI Services, Inc.			
	2731 Executive Park Drive	· · · · · · · · · · · · · · · · · · ·	ب پ	
	(P.O. Box NOT acceptable Weston, FL 33331	e)	ا	
	ess of its registered office and the street be identical.	t address of the business office of its registered by its board of directors or by an officer of the change.		
(/u	A Ham	otified in writing of the change. Victor Alfano, Vice President		
I hereby accept I further agree t of my duties, an document is bei corporation has	ire of an lofficer or director)	(Printed or typed name and title) and agree to act in this capacity, tutes relative to the proper and complete p ligation of my position as registered agent, he registered office address, I hereby confit e. 3-3-17 (Date)	erformance Or, if this rm that the	
If signing on be	half of an entity:			
	Assistant Secretary Typed or Printed Name)			

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