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(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

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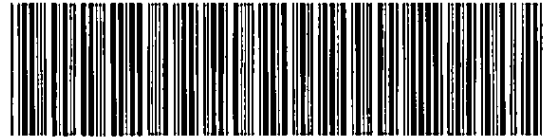
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Global Technology Distribution Council  
Name of Corporation

**DOCUMENT NUMBER:** F04000006501

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy J Curran

Name of Contact Person

Global Technology Distribution Council

Firm/Company

141 Bay Point Drive NE

Address

St. Petersburg, Florida 33704

City/State and Zip Code

tcurran@gtcdc.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J Curran

Name of Contact Person

at ( 727 ) 823-4285

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Global Technology Distribution Council Incorporated
2. The principal office address: 141 Bay Point Drive NE  
St. Petersburg, Florida 33704
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 12, 2004 Document number: F04000006501
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)

CURRAN, TIM  
141 BAY POINT DRIVE N.E.  
ST. PETERSBURG, FL 33704

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

Kavita Srivastava May


15625 Jericho Drive

P.O. Box NOT acceptable

Odessa, Florida 33556

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.

  
Signature of an officer or director

Timothy J Curran

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.*

  
Signature of Registered Agent

7/7/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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