Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	To:		
		Division of Corporations	≥ 8. →
		Fax Number : (850)617-6380	~~ c · ~~
	From:		
		Account Name : C T CORPORATION SYSTEM	
		Account Number : FCA000000023	Second Second
	_ \=	Phone : (850) 222-1092	920
_		Fax Number : (850)878-5368	二十二 二二十二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
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REGISTERED AGENT CHANGE PC MALL SALES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help Non

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

statement of ch	iange is submitted for a co	orporation organi	, 607.1508, or 617.1508, Flor sed under the laws of the State sed agent, or both, in the State	of CA			
1. The name of	the corporation; PC Matt	Sales, Inc.					
	office address: 2555 We		rance, CA, 90504				
3. The mailing	address (if different):		·				
4. Date of Incom	poration/qualification:	9/18/2008	Document number:	F08000004084			
5. The name an Florida Depa	d street address of the cur riment of State: (If resign	rent registered age ed, enter resigned)	ent and registered office on file	with the			
	CORPORATION SERV	ICE COMPANY					
	1201 HAYS STREET						
	TALLAHASSEE FL 323	301					
6. The name and (if changed):	d street address of the nev	v registered agent	(if changed) and /or registered	office System 30			
	C T Corporation System						
	c/o C T Corporation System, 1200 South Pine Island Road						
		P.O. Box NOT a	oxpteble				
		e and the street ac	dress of the business office of my its board of directors or by fied in writing of the change.				
			Tristan Emrich	ı, VP			
	re of whether of director		Printed or typed name a				
i hereby accept further agree of my duties, an locument is bet corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflect been polified in writing	stered ogent and a sions of all statute accept the obliga a change in the r of this change.	agree to act in this capacity, is relative to the proper and ation of my position as regist registered affice address, I he	complete purformance ered agent. Or, if this ereby confirm that the			
СТ(Ву:	Corporation System		6/29/11				
	MALE OF REPORTED A FERN		Date	 _			
f signing on be	half of an entity?						
<u> </u>	Jennifer (Assistant Se rood or Printed Name	Quinn scretary					

* * * PILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)