

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I20000000195 Phone

(850)521-1000

Fax Number

(850)558-1575

## REGISTERED AGENT CHANGE

PC MALL GOV, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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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: PC MALL GOV, INC.
2. The principal office address: 7421 Gateway Ct, Manassas, VA 20109
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/23/2008 Document number: F08000004141
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company  1201 Hays Street  (P.O. Box NOT ecceptable)  Tallahassee, FL 32301  The street address of its registered office and the street address of the business office of its registered agent,
Corporation Service Company
1201 Hays Street
(P.O. Box NOT accomptable)
Tallahassee, FL 32301
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.
alan Bechara alan Bechary - Rossident
(Signature of an officer or director)  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.  Corporation Service Company
By Village of Care of
Assistant Vice President
(Typed or Prismd Name) ** * * FILING FEE: \$35.00 * * *

Make checks payable to Plorida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR26045 (8/05)