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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
CMGIL	AUUI ESS.	

REGISTERED AGENT CHANGE BOGEN COMMUNICATIONS, INC.

Certificate of Status	0
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Page Count	03
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DEC 22 2016

S. TALLENT

COVER LETTER

ro:	Amendment Section Division of Corporations
SURI	BOGEN COMMUNICATIONS, INC.
2020	Name of Corporation
DOC	F14000002495 UMENT NUMBER:
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Richard Schmedel
	Name of Contact Person
	BOGEN COMMUNICATIONS, INC.
	Firm/Company
	1200 MacArthur Blvd Ste 304
	Address
	Mahwah, NJ - 07430-2331
	City/State and Zip Code
	rschmedel@bogen.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Richar	d Schmedel 201 995-2012 at ()
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Amendment Section Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

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

	-	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
-	= :	orporation organized under the laws of the State of Delawate	
in ord	er to change its registered	d office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BOGEN	COMMUNICATIONS, INC.	
2. The principa	l office address: 1200 Mac	cArthur Blvd Stc 304	
Mahwah, NJ	! _ 07430 _2331		
3. The mailing	address (if different):		~- ~ ~ ~ ~
4. Date of incom	rporation/qualification:	06/10/2014 Document number: F14000002495	
	d street address of the cu artment of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)	
	CORPORATION SERVI	ICE COMPANY	
	1201 HAYS STREET	17.95 16	
	TALLAHASSEE, FL 32	301-2525	
6. The name an (if changed):		w registered agent (if changed) and /or registered office	LED
	C T Corporation System	PH CRITA	
	c/o C T Corporation Syst	tem, 1200 South Pine Island Road	
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street addr as changed wil	ress of its registered offic I be identical.	ce and the street address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resoluti he board, or the corporat	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
Rechard	SAMMAL utc of an officer or director	Bighard S. Schmedel Cantraller Printed or typed name and like	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as regi to comply with the provi f my dulles, and I am fam his document is being file that the corporation has	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete niliar with and accept the obligation of my position as registered ad merely to reflect a change in the registered office address, I s been notified in writing of this change.	•
By: Missle Cr	rporation System	12/20/2016	
Sh	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Nicole Chouina	rd Asst Secretary & VP		
'1	Typed or Printed Name		
		A DESTRUCTION OF A SECRETARY	

* * * 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 (03/12)