3/5/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (8

: (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.

Fmail Address:				
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REGISTERED AGENT CHANGE EXTANT COMPONENTS GROUP INTERMEDIATE INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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MAR OG 2013 C MCHAIR

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

in order to change its registered office or registered agent, or both, in the 1. The name of the corporation: Estant Components Group Intermediate, Inc.	
1. The name of the corporation: Extant Components Group intermediate, inc.	
2. The principal office address: 1615 W NASA BLVD, MELBOURNE, FL 32901	
3. The mailing address (if different):	
4. Date of incorporation/qualification 12/3/2014 Document number:	F14000005103
5. The name and street address of the current registered agent and registered office Florida Department of State: (If resigned, enter resigned)	on file with the
DIETZE, EDWARD J	
1615 W NASA BLVD	2018
MELBOURNE, FL 32901	
 The name and street address of the new registered agent (if changed) and /or reg (if changed); 	gistered office on To
C T Corporation System	
e/o CT Corporation System, 1200 South Pine Island Road	
P.O. Box. NOT acceptable Plantation, Florida 33324	
The street address of its registered office and the street address of the business of as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the ch	or by an officer so range.
JESSICA EISELE, VP	
Signature of an officer or director Printed or typed	
I hereby accept the appointment as registered agent and agree to act in this caps I further agree to comply with the provisions of all statutes relative to the prope performance of my duties, and I am familiar with and accept the obligation of m agent. Or, if this document is being filed merely to reflect a change in the regist hereby confirm that the corporation has been notified in writing of this change.	r and complete
C T Corporation System 3/5/2019	
By. 3/5/2019 Signature of Registered Agent Dead	c
If signing on behalf of an entity:	
SARAHREVELLE	
Typed or Printed Name	

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)