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R. WHITE WIN - 9 2017	To: From: **Enter	Doing s Division of Co Fax Number Account Name Account Number Phone Fax Number the email addres	rporations : (850)617-6380 : REGISTERED AGE : I20100000062 : (888)705-7274 : (888)705-7274 s for this busine	other cover shee NT SOLUTIONS IN ENT SOLUTIONS IN	t. NC e used for fu	
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Electronic Filing Menu

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Corporate Filing Menu

Help

COVER LETTER	H17000
TO: Amendment Section Division of Corporations	
SUBJECT: TECHLINK SYSTEMS, INC.	
Name of Corporation DOCUMENT NUMBER: F1600005691	
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:	
Mary Castillo	
Name of Contact Person Registered Agent Solutions, Inc.	
1701 Directors Blvd, Ste 300	
Austin, TX 78744	
notices@rasi.com	
E-mail address: (to be used for future annual report notification)	

Name of Contact Person

Area Code & Daytime Telephone Number

85

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: TECHLINK SYSTEMS, INC.

2. The principal office address: ON	NE POST STR	REET	STE 300
SAN FRANCISCO	CA	94104	

3. The mailing address (if different):_

4. Date of incorporation/qualification: 12/27/2016 Document number: F16000005691

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)

	CURPORATION SERVICE COMPANY	NS:	7		
	1201 HAYS STREET		NON		
	TALLAHASSEE, FL 32301-2525		- 18	_	
 The name and (if changed): 	street address of the new registered agent (if changed) and /or registered office		AH 8:	ED	
	Registered Agent Solutions, Inc.		59		
	155 Office Plaza Dr., Suite A	-			

P.O. Box NOT acceptable

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.

151 Steve Kim	Steve Kim	Vice President	
Signature of an afficer or director	Printed of typed name and title		
I hereby accept the appointment as registered agent Jurther agree to comply with the provisions of all s berformance of my duites, and I am familiar with an agent. Or, if this document is being filed merely to r hereby confirm that the porporation has been notifie	and agree to act in this capa tatutes relative to the proper d occept the obligation of my effect a change in the registe d in writing of this change. 10/31/2017	city, and complete position as registered red office address, I	
Signmy of Registered Agent	Line		
f signing on behalf of an entity:			
Justine Karnell - Assistant Secretary			
Typed or Printed Name			
* * * FILING I	FEE: \$35.00 * * *		
MAKE CHECKS PAYABLE TO F	LORIDA DEPARTMENT OF ST	\TE	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 H17000287234 3 CR2E045 (03/12) ÷

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