## F18 00000 555 9

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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RO RO Chs

ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: June 29, 2021

Order#: 874478-005

Re: SIMCO ELECTRONICS

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation	07.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>CA</u> registered agent, or both, in the State of Florida.	
1. The name of	the corporation: SIMCO ELECTRO	NICS, INC.	
2. The principal	office address: 3131 JAY STREET	Suite 100 SANTA CLARA, CA 95054-3336	
3. The mailing :	address (if different):		
		Document number: F18000005559	
5. The name and		ered agent and registered office on file with the	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND	d agent (if changed) and for registered of Fig.	
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box, NOT acceptable		
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	ns authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
Xi	e E Cioni	JILL CILMI, VICE PRESIDENT	
Sygnajui	re of an officer or director	Printed or typed name and title	
	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch I Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
By: Div	: Zokubie	06/29/2021	
Sigi	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
GRACE E. KIRE	BY, ASST. VICE PRESIDENT		
Ti	ned or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*

TKS PAYABLE TO FLORIDA DEPARTMENT OF STA