## F1900000 4533

(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:				

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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: March 27, 2020

Order#: 237055-046

Re: QUADGEN WIRELESS SOLUTIONS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

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: Erika Zavala Daza

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 cha	nge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida ganized under the laws of the State of fistered agent, or both, in the State of I	DE	
1. The name of t	he corporation: QUADGEN WIRELES	SS SOLUTIONS INC.		
2. The principal	office address: 200 N WARNER RD	SUITE 110 KING OF PRUSSIA, PA	19406	
	ddress (if different):		-	
4. Date of incorp	poration/qualification: 10/08/2019	Document number: F19000	004533	
	street address of the current registere tment of State: (If resigned, enter resigned)	d agent and registered office on file w gned)	ith the	
	BUSINESS FILINGS INCORPORA	TED	_	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		_	
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered of	- Tice	
	Corporation Service Company		- <del>1</del> -1	
	1201 Hays Street		2020 APR SEGNIN	
	P,O	Box NOT acceptable	- ): AA	
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the stre be identical.	eet address of the business office of it	ts registered agent	
Such change wa authorized by th	is authorized by resolution duly adop to board, or the corporation has been	sted by its board of directors or by an notified in writing of the change.	officer so	
	Lu E almi	Jill Cilmi, Vice President	·	
Signatur	e of an officer or director	Printed or typed name and to	itle	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent o comply with the provisions of all <sub>s</sub> sid I am familiar with and accept the ang filed merely to reflect a change in heen notified in writing of this chang Service Company	tatutes relative to the proper and con bligation of my position as registere the registered office address, I herei	aplete performance d agent. Or, if this by confirm that the	
By: Drace	· Z-Kuble	03/27/2020		
Sigr	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	Asst. Vice President			
Ту	ped or Printed Name			
	* * * 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 (04/13)