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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.

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REGISTERED AGENT CHANGE INGRAM MICRO INC.

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S. PRATHER

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

itatement of ci	e provisions of sections 607.0502, 617.050 hange is submitted for a corporation organ der to change its registered office or regist	02, 607,1508, or 617,1508, Florida Statute nized under the laws of the State of <u>Delaw</u> tered agent, or both, in the State of Florida	are	n-w
1. The name of the Princip	of the corporation: INGRAM MICRO INC. al office address: 3351 Michelson Drive, S	uite 100 Irvine, CA 92612		
3. The mailing	address (if different):			
4. Date of inc	orporation/qualification: 09/23/1996	Document number: F96000004935		
5. The name a	and street address of the current registered partment of State: (If resigned, enter resign	agent and registered office on file with the		2021 SEP
	CORPORATION SERVICE COMPANY	•	≱ r⊅ LECT	33
	1201 HAYS STREET TALLAHASSEE.	FL 32301-2525	SE CONTRACTOR	
6. The name a	and street address of the new registered ago	ent (if changed) and /or registered office	SISTE FLORIDA	AM 9: 18
	C T Corporation System			
	1200 South Pine Island Road			
	P O. B	ox NOT acceptable		
	Plantation, Florida 33324			
	dress of its registered office and the stree			gent,
Such change authorized by	was authorized by resolution duly adopte the board, on the corporation has been n	d by its board of directors or by an offic officed in writing of the change.	er so	
Sign	ature of an office of a director	Justin Maroldi, Assistant Secretary Printed of typed name and title		
I hereby acce I further agre of my duties, document is i corporation i	ept the appointment as registered agent a set to comply with the provisions of all sta and I am familiar with and accept the ob- being filed merely to reflect a change in t has been notified in writing of this change	nd agree to act in this capacity. tunes relative to the proper and complete ligation of my position as registered age he registered office address. I hereby con e.	e perform int. Or, i nfirm tha	iance f this it the
CT Corporati	on System Mudila Helling	08/03/2021		
	Signature of Registered Agent	Date		
lf signing on	behalf of an entity:			
Meredith	Hellwig, Assistant Secretary			
	Typed or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		
	MAKE CHECKS PAYABLE TO FL MAIL TO: DIVISION OF CORPORATIONS,	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 3231)	4	

CR2E045 (04/13)

By: