8/14/2018

Florida Department of State

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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 BILFINGER WESTCON INC.

| Certificate of Status | 0 |
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Corporate Filing Menu

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C. GOLDEN AUG 1 5 2018

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

| statement of | change is submitted for a corporation | 17,0502, 607,1508, or 617,1508, Florida Statutes, this norganized under the laws of the State of North Dakota registered agent, or both, in the State of Florida. |
|--|---|---|
| | of the corporation: Billinger Westcon | |
| 2. The princi | ipal office address: 7401 YUKON DRI | VE BISMARCK, ND 58503 |
| 3. The mailin | ng address (if different): P.O. BOX 17. | 85 BISMARCK, ND 58502 |
| 4. Date of in | corporation/qualification: 07/18/1997 | Document number: F97000003758 |
| | and street address of the current region | tered agent and registered office on file with the resigned) |
| | CORPORATION SERVICE COM | PANY 90 😝 |
| | 1201 HAYS STREET | SECRETARY TALLAHA |
| | TALLAHASSEE, FL 32301-2525 | TARY AHAS |
| 6. The name (if change | and street address of the new register d): CT Corporation System | ed agent. (if changed) and /or registered office F. STATE. |
| | e/o C T Corporation System, 1200. | South Pine Island Road |
| | P.O.1 | Box NOT acceptable |
| | Plantation, Florida 33324 | |
| as changed v Such change authorized b | will be identical. e was authorized by resolution duly a by the board, or the corporation has b | street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change. |
| Thouse | 5 | Agnes Broszczak, Secretary |
| I hereby acc I further agr performance agent. Or, i | rée to comply with the provisions of a e of my duties, and I am familiar with | Printed in typed raine and title ent and agree to act in this capacity. ell statutes relative to the proper and complete tand accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change. |
| By. Ohn | is Boll | 03/04/2018 |
| | Signature of Registered Agent | Date |
| If signing or | i behalf of an entity: | |
| Denise Belt. | Asst Secretary | |
| | Typed or Printed Name | |
| | * * * FIE.C | (G 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)