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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name
Account Number: C T CORPORATION SYSTEM
From System (850) 205-8842 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE WYLE LABORATORIES, INC.

Certificate of Status	0
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8/10/2016 9:54:48 AM From: To: 8506176380( 2/2 )

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

	<del>-</del>	12, 617.0502, 607.1508, or 617.1508, Florida Statu Ation organized under the laws of the State of Dela		
-		e or registered agent, or both, in the State of Florid		
1. The name of	the corporation: Wyle Laborator	ries, Inc.		
2. The principa	il office address: 1960 E. GRANI	D AVENUE, SUITE 900, EL SEGUNDO, CA 90245	;	_
3. The mailing	address (if different):			_
4. Date of incom	rporation/qualification: 09/01/19	998 Document number: F9800000494:	3	_
	nd street address of the current martment of State: (If resigned, en	egistered agent and registered office on file with thater resigned)	IC	
	Corporation Service Company			
	1201 Hays Street, Tallahassee, I	FL 32301-2525	200 406 200 406	
			35 3	F.
6. The name an		stered agent (if changed) and /or registered office		
	C T Corporation System			
	e/o C T Corporation System, 12	200 South Pine Island Road	mes i	
	Plantation, Florida 33324	O Box NOT acceptable		
<del>-</del>		the street address of the business office of its reg		
Such change wanthorized by i	ras authorized by resolution duline board, or the corporation ha	ly adopted by its board of directors or by an offic as been notified in writing of the change.	er so	
5000	ure of an owner of director	Beth Ann Dranguet - Assistant Secretary Protect or typed name and title		
I hereby accep I further agree performance o	t the appointment as registered to comply with the provisions of my duties and I am familiar y	d agent and agree to act in this capacity of all statutes relative to the proper and complete with and accept the obligation of my position as r rely to reflect a change in the registered office ad a notified in writing of this change.	repitered	
	rnoration System	8.1.16		
	gnature of Registered Agent	Dute		
If signing on b	chalf of an entity:			
M.E. Jones, A	Asst. Secretary			
	Typed 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 (03/12)