

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE AUTHENTEC, INC.

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COVER LETTER

TO: Amenda Division	nent Section of Corporations				
Aud SUBJECT:	wnTec.inc				
	Name of C	orporation			
DOCUMENT N					
The enclosed Sta	mement of Change of Registered Offic	e/Agent and fee	are submitted for filing.		
Please return all	correspondence concerning this matter	r to the following	g:		
	Tim Shechan				
	Name of Cor	itact Person			
	Apple Inc.				
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	t Infinite Loop, MS: 169-2CL				
	Ада	1622			
	Cupertino, CA 95014				
	City/State at	d Zip Code			
	mo-siqqa@apic.com		•		
	E-mail address: (to be used for fi	uture annual re	port notification)		
For further infor	mation concerning this matter, please	call:			
Tim Shechan		408 at (862-9152		
	Vame of Contact Person	Area Cod	e & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifto 2661	Address: Idment Section Ion of Corporations Ion Building Executive Center Circle Inassee, FL 32301		
Ck2E045 (03/12)					
others files of Daline					

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

LAN JOURI FIRE MAIN ROM	1. The name of	the compration: AUT	HENTEC, INC.					
4. Date of incorporation/qualification: 03/31/1999 Document number: F99000001713 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) FREDERICK B JORGENSON 100 RIALTO PLACE, STE 100 MELBOURNE FL 32901 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System 1200 South Pine Island Road P.O. Box N/T assepublic Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change vias ethorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Gene Levolf, President Finale or types name and unterested agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my position as registered agent. I further agree to comply with the provisions of all statutes relative to the registered office adares. I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System CONNIE BYON 10/11/2 Segreture of Registered Agent Assistont Secretors:	2. The principal	office address: 100 R	ialto Place, Suite 100, A	Asibourne, FL	, 32901		-	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) FREDERICK & JORGENSON 100 RIALTO PLACE, STE 100 MELBOURNE FL 12901 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System 1200 South Pine Island Road P.O. Box MXT seepable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the barral, or the corporation has been notified in writing of the change. Gene Levoff, Fresident I hereby accept blandpointagent as registered agent and agree to act in this cupacity. I further agree to comply with the provisions of ell standers relative to the proper and complete performance of my dulties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect on change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System By: Corporation of Repaid to Agent Assistont Secretorus	3. The mailing	address (if different):_	l Infinite Loop, MS: 16	9-2CL, Cuper	nino, CA 95014			
Florida Department of State: (If resigned, enter resigned) FREDERICK & JORGENSON 100 RIALTO PLACE. STE 100 MEI BOURNE FL 32901 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System 1200 South Pine Island Road P.O. Box N/T seppohilu Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Gene Levoff, President I further agree to comply with the provisions of all stanges relative to the proper and complete performance of pay duties, and I am familiar with one decept the colligation of my position as registered agent. Or, if this document is being fuled merely on reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System By: Corporation System Onnie Bruon Assistant Secretaria	4. Date of incor	poration/qualification	03/31/1999	Docume	nt number; [F990000	01713		
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Assistant Secretory	200	Computation System	Connie B	ruon	intulis			
	Sign	• •	Assistant Se	ecretory	Dary			
Typed or Printed Name		obed or Printed Name						

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR215045 (03/12)