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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 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.\*\*

Email Address:

## REGISTERED AGENT CHANGE TELECT, INC.

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	TELECT. INC.	
	Name of	Corporation
DOC	F99000003835 UMENT NUMBER:	
The ea	nclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	er to the following:
	Name of C	ontact Person
	Fim/C	Ompany
Address		dress
	City/State a	and Zip Code
	E-mail address: (to be used for	future annual report notification)
For fu	rther information concerning this matter, please	: call:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Depa	ertment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	uange is submitted for a corpor	92, 617.0502, 607.1508, or 617.1508, Florida 2 ation organized under the laws of the State of _ we or registered agent, or both, in the State of I	Washington	
1. The name of	the corporation: TELECT, INC			
	nl office address: no change			
3. The mailing	address (if different); no change	2		
4. Date of inco	rporation/qualification: 7/27/19	Document number: F990000	03835	
	nd street address of the current artment of State: (If resigned, ea	registered agent and registered office on file winter resigned)	ith the	
	BUSINESS FILINGS INCOR	PORATED		
	1200 SOUTH PINE ISLAND	ROAD PLANTATION, FL 33324		
			₹ <b>3</b>	
6. The name ar (if changed):		istered agent (if changed) and /or registered of	SEP 26	<del>-</del>
	C T Corporation System		131	ή
	e/o C T Corporation System, 13		# <b>9</b>	T
	Plantation, Florida 33324	P.O Box NOT acceptable		
The street addi	ress of its registered office and	the street address of the business office of its	s registered agent,	
Such change wanthorized by t	as authorized by resolution du the board, or the forboration h	ily adopted by its board of directors or by an east been notified in writing of the change.	officer so	
	11/2_	Jennifer Kurz, Vice President		
I hereby accep I further agree performance o agent. Or, if th	e to comple with the provisions of my duties, and I am familiar his document is being filed me	Printed or typed name and till d agent and agree to act in this capacity. s of all statutes relative to the proper and com with and accept the obligation of my position rely to reflect a change in the registered offic n notified in writing of this change.	plete i as registered	
By:	orpgration System	9/26/2017		
<i>V</i> -	gnature of Vegistered Agent	Date		
If signing on b	chalf of an entity: Alfred Yo	ounan		
•	Typed or PrinAssistant S			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)