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COVER LETTER

STIRTECT. Ascendant Technology, LLC			9.0
ODODODCI	of Limited Liab	ility Company	
Dear Sir or Madam:			1
The enclosed Registered Agent/Registere	d Office Chang	e and fee(s) are submitted for filing	o bigo
Please return all correspondence concerni	_	•	1
riesse retutii an correspondence concerni	ing mis matter i	o nie ronowing.	S
Patty Strauss			
Name of Person			•
			• .
Avnet, Inc. Firm/Company			
		•	
2211 South 47th Street			
Address			
Phoenix, AZ 85034	•	·	•
PROPRIX A Z. X38140			
City/State and Zip Code			
City/State and Zip Code			· · · · · · · · · · · · · · · · · · ·
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City/State and Zip Code megan.carr@avnet.com B-mall address: (to be used for future annual representation concerning this matter strates Patty Strates Name of Person STREET/COURIER ADDRESS: Registration Section	natter, please ca at (at	643-7360 Area Code & Daytime Telephone Number AILING ADDRESS:	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Ascendant Techn	ology, LLC		
2. (a) Principal office address of limited liability compar	iy: 11305 FOUR POINTS DRIVE		
(Note: MUST BE STREET ADDRESS)	Designation of the second seco		
(b) Mailing address of limited liability company:	AUSTIN TX 78726 c/o Avnet, Inc. Legal Dept.		
(Note: MAY BE POST OFFICE BOX)	2211 South 47th Street Phoenix, AZ 85034		
04/14/2010	M10000001728		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or			
Registered Agent:	TERENCE GOODWIN		
Registered Office Address:	359 SW 159 TERRACE		
	PEMBROKE PINES FL 33027		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:		
NEW Registered Agent:	C T Corporation System		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
(MORTOS PROPERTIES	Plantation ,FL 33324		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth	Florida street address of the registered office ntical. Or, in the case of a Florida limited		

or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David R. Birk

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

CT Corporation System

Signature of Registered Agent

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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