P15000036202

| (Red | questor's Name) | | | | |
|---|-----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | : | | | |

Office Use Only



000272911520



05/14/15--01014--010 **25.00



DR 5 /19/15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscinfo.com

Date: May 12, 2015

Order#: 602263-061

Re: ROCHESTER WIRE AND CABLE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na | ame of the limited liability company: ROCHESTER V | VIRE AN | D CABLE LLO | > |
|---|---|--|--|--|
| 2. (a) | 751 OLD BRANDY ROAD | (b) |) | |
| (=) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (e, | Ma | ling address of limited liability company: Note: MAY BE POST OFFICE BOX) |
| | CULPEPPER V# 22701 | - | | |
| | 04/13/2011 | | M11000001 | 859 |
| 3. | Date of filing/registration in Florida | 4. | D | ocument number |
| 5. (a) | C T CORPORATION SYSTEM | | | Š a |
| (-) | Registered Agent and Registered Office shown on the records of t | he Florida | Dept. of State: | · |
| | 1200 SOUTH PINE ISLAND ROAD | | | Trails |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | <u> </u> | |
| | | | | 10000000000000000000000000000000000000 |
| | PLANTATION , FL | 33324 | | FILED H. W. 35 |
| a. | Composition Service Commons | | | Po F |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered | Office add | lress: | 08 35 35 |
| | | | | P |
| | 1201 Hays Street | | | |
| | NEW Registered Office Address: | | | |
| | | | | |
| | Tallahassee , FL | 32301 | | |
| the cha agent was/w | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the regis ability con f the limi limited li | tered office a mpany, it is he ited liability compa | nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in uny. |
| Signa | tur of a member or authorized representative of a member | Dona | | iorized Person |
| I here provisi the obit to mer notified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | performa d for in C iereby co | in this capac ince of my du hapter 605, I infirm that the | ty. I further agree to comply with the ties, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been |
| S.g.matt | re of Registered Agent Corporation Service Company Division of Corporations P.O. B | | _ | , Asst. Vice President |

FILING FEE: \$25.00