10/20/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000277234 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 1.

Email Address:

LLC REGISTERED AGENT CHANGE CORVISA LLC

Certificate of Status	0
Certified Copy	Û
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SHAMONS OCT 2 3 2017

COVER LETTER

UBJECT:		
Name o	of Limited Liability Company	
ear Sir or Madam:		
he enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
lease return all correspondence concerning this n	natter to the following:	
Name of Person		
Firm/Company		
Address	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code	£	
E-mail address: (to be used for future annual	I report positication)	
for further information concerning this matter, pla		
or the diet into matter pos		
Name of Person	at () Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following ar	nount:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
NHS18 (2/14)		

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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	nne of the limited liability company: CORVISA LLC	(b) <u>no ct</u>	nange
(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06:03/2013	M1300	00003487
	Date of filing/registration in Florida	4.	Document number
	TANDOOD ATION SERVICE CONDANY	•	
(a)	Registered Agent and Registered Office shown on the records of	of the Elevide Dent of	of State:
	1201 HAYS STREET	n the Honda Dept. t	a mais.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	<u></u>		17
	TALLAHASSEE	32301	17 OCT 20
	TALLAHASSEE, F	L	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	C T Corporation System		<u>u'</u>
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, F	L_33324	
e cha ent v is/we e arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Ar, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of authorized representative of a member	aws of the State of the registered liability compans of the limited liability limited limited liability.	office and the business office of the regy, it is hereby confirmed that the chang ability company or as otherwise provid y company. Printed or typed name of signee
	by action the appointment as registered agent and a	gree to act in thi Te performance t	is capacity. I further agree to comply with of my duties, and I am Iamiliar with and a
here.		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5. KOS ES Or iCihis document is being
here ovis obi	ligations of my position as registered agent as provided with reflect a change in the registered office address	dea for in Chapid Thereby confirm	that the limited liability company has be
ovis. e obi mer tifte	of all statutes relative to the proper and completions of all statutes relative to the proper and completing the state of my position as registered agent as providely reflect a change in the registered office address, of in writing of this change. For corporation System	ded for in Chapto Thereby confirm "Alfred"	i that the limited liability company has be Younan

Division of Corporations • P.O. Box 63272 Tallahassee, Fl. 32314 FILING FEE: \$25.00

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Mitel US Holdings, Inc. ("Corporation"), a Corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Jennifer Kurz, Todd Svoboda, John Mahler and Max Bode, employees of National Registered Agents Inc. (NRAI) and CT Corporation and acting solely in the capacity as employees of National Registered Agents Inc. (NRAI) and CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation (CT), as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jennifer Kurz, Todd Svoboda, John Mahler and Max Bode shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 11th day of April, 2016.

Mitel US Holdings, Inc.

A Delaware Corporation

Name: Gregory Hiscock

Title: (Secretary)

Province of Ontario

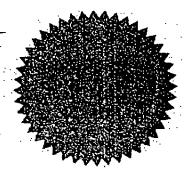
On April 11, 2016, before me, the undersigned, a Notary Public in and for said Province, personally appeared Gregory Hiscock, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument:

Wimess my hand and official scal.

Sandra Lee Felskie, Notary Public

sandra Lee Felskie, Notary Public, City of Ottawa, limited to the arestation of instruments and the transfer on and its subsidiaries associated affiliates.

Expires April 2"



Entity Name	Jurisdiction, Incorporation Date & Corporation No.		
ShoreTel, Inc.	Delaware #4251261 01/18/2007		
ShoreTel International Inc.	Delaware #4991353 06/27/2011		
M5 Networks, LLC	Delaware #5102572 01/30/2012		
Corvisa LLC	Wisconsin #1027080 04/22/2013		

: