M99000000027

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
. (Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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ON SERVICE COMPANY.	V			
	ACCOUNT NO.	: 0721000000	32	
	REFERENCE	: 771521	7348735	0.
	AUTHORIZATION	Spullocen	ean Policy	T JEE
	COST LIMIT	: \$ 25.00	P.C.	16
ORDER DATE :	January 12, 2007			文(S) (S) (S) (S) (S) (S) (S) (S) (S) (S)
ORDER TIME :	10:08 AM			ORIT
ORDER NO. :	711521-015	·	ı	P
CUSTOMER NO:	7348735			
	CHANGE OF AC	<u>SENT</u>		
NAME:	ROHM ELECTRON	CS U.S.A., LLC	2	
	THE FOLLOWING AS	PROOF OF FILIN	NG:	

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Haddan

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. The name of the limited	d liability company is	: ROHM ELECT	RONICS U.S.A., L	LC .
2. The mailing address of	the limited liability c	ompany is :		
10145 Pacific Heights Blvd, St	uite 1000, San Diego, CA	92121		
01/08/1999		<u>, </u>	M99000000027	
3. Date of filing/registration	on in Florida	_	Document num	nber
5. The name of the register Florida Department of S		stered office ad	dress as shown o	on the records of the
	Nationscorp	Registered Agents	s, Inc.	
	<u> </u>	Name		
	1574 Villag	e Square Blvd, Sui	te 100	
		Address		
Tallahassee, FL 32309			For 2	
	City	, State and Zip		
Tallahassee, FL 32309 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable)				
	Corporati	on Service Compa	ny	SER P
Name				
1201 Hays Street				10 F
	Florida street addres	ss (P.O. Box N O	OT acceptable)	A DA
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authorical street of the limited street of the limi	the registered agent veby confirmed that the ited liability companit of the limited liability.	made, the Florid vill be identical. the change(s) was y or as otherwis ty company.	la street address Or, in the case s/were authorize	of the registered office of a Florida limited d by an affirmative vote
Maureen Cullen, Attorney In F	act			
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	-R-Van	noz	e to act in this ca and complete pe in as registered o reflect a change s been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (8/05)