

Division of Corporations

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P16000100669

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GREENSBURG TRAUER (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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

Email Address: asuggs@antelco.com

**REGISTERED AGENT CHANGE
STRATCO (US) INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 18 2017

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Corporate Filing Menu

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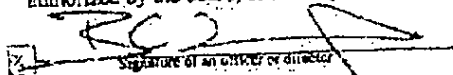
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation or organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Stratco (US) Incorporated
2. The principal office address: 886 Waterway Place, Longwood, FL 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/23/2016 Document number: P16000100869
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Murray D. Watts
886 Waterway Place
Longwood, FL 32750
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Andrea Suggs
886 Waterway Place
P.O. Box NOT acceptable
Longwood, FL 32750

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

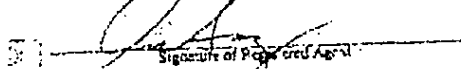
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Benjamin L. T. Miels, VP

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

10/9/2017

Date

If signing on behalf of an entity:

Andrea Suggs

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E043 (03/12)

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SECRETARY OF STATE
 TALLAHASSEE, FL 32304

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