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To:

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

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

(850) 205-8842 Phone : (850)878-5368 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE MITEL TECHNOLOGIES, INC.

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ALBRITTON

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4/15/2016 3:58:21 PM From: To: 8506176380(2/3)

COVER LETTER

TO: Amendme Division	ent Section of Corporations	
SUBJECT: MITE	L TBCHNOLOGIES, INC.	F. C
	Name o	f Corporation
DOCUMENT N	P20891 UMBER:	
The enclosed Stat	ement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this ma	atter to the following:
	Name of	Contact Person
	Firm	/Company
	A	ddress
	City/State	and Zip Code
	E-mail address: (to be used fo	r future annual report notification)
For further inform	ation concerning this matter, pleas	se call;
		at (
Na	me of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Dep	artment of State.
	Mailing Address:	Street Address:

Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

X

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State of Ariz	zona
	the corporation: MITEL TECHNOLOGIE	-	
	office address: 1146 North Alma School		
3. The mailing a	address (if different): 350 LEGGET DRIV	E, KANATA, ON K2K 2W7 CA	
4. Date of incor	poration/qualification: 09/14/1988	Document number; P20891	
5. The name and Florida Depar	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with ti ed)	he
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		中岛
6. The name and (if changed):	I street address of the new registered age C T Corporation System	nt (if changed) and /or registered office	2016 APR 15 AT
	c/o C T Corporation System, 1200 South F	rine Island Road	
	P.O. Box NOT Plantation, Florida 33324	acceptable	
as changed will	ess of its registered office and the street be identical. Is authorized by resolution duly adopted to positive the corporation has been no	_	_
- /	e I an officer or diffector	Printed or typed name and title	
I hereby accept I further agreed performance of agent. Or, if thi her by confirm to C I Coff By:	the appointment as registered agent and comply with the provisions of all state my duiles, and I am familiar with and a state duiles, and I am familiar with and a state accument is being filed merely to reflect the corporation has been notified in the corporation has been notified in the corporation.	d agree to act in this capacity, utes relative to the proper and complete coept the obligation of my position as rect a change in the registered office add writing of this change. 4/14/2016	; egistered iress, I
Sign	ut ro of Register Agent	Date	
f signing on bel	half of an entity:		
Kristin Bolden, A	assistant Secretary		
Ту	ped or Printed Name * * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL006 - 05/20/2013 Wolters Klower Oallins

CR2E045 (03/12)