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2022-04-28 15:13:46 CST

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From: James Tanks III

4/28/22, 5:10 PM



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

F	Address:			
rma i	ANOTHERS:			

REGISTERED AGENT CHANGE

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TALL AHASSLE FIE

J. HORNE

APR 2 9 2022

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To: +18506176380

FLED

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

statement of cha in orde	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Standing is submitted for a corporation organized under the laws of the State of Califord to change its registered office or registered agent, or both, in the State of Florid	ornia		
1. The name of t	he corporation: SUMITOMO ELECTRIC INTERCONNECT PRODUCTS, INC.			
2. The principal	office address: 915 ARMORLITE DRIVE, SAN MARCOS, CA 92069			
3. The mailing a	ddress (if different):			
4. Date of incorp				
	street address of the current registered agent and registered office on file with the trient of State: (If resigned, enter resigned)	:		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET	7. 2		
	TALLAHASSEE, FL 32301-2607	2022 APR SECRE I FALL AHA		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	2 APR 28 CCRE JARY LAHASSEI		
	C T Corporation System	A A		
	1200 South Pine Island Road	9:30 17:11 10:11		
	P O Box NOT acceptable	္ကိုင္တဲ့ သွ		
	Plantation, Florida 33324			
The street address changed will	ss of its registered office and the street address of the business office of its regi- be identical.	stered agent,		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	erso		
	Henry Johnson, Vice President, Secre			
I hereby accept to I further agree to of my duties, and document is bein	ine appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered agent gilled merely to reflect a change in the registered office address. I hereby conveen notified in writing of this change. System	performance il. Or, if this firm that the		
Sign	nure of Registered Agent 04/27/2022			
If signing on bel	· · ·			
	Assistant Secretary			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/15)

By: