Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (512)418-6949

Fax Number : (954)208-0845

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 TECH DATA LATIN AMERICA, INC.

EC27 PM 12: 37

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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Florida egistered agent, or hoth, in the State of Florida.	this	
1. The name of	the corporation: TECH DATA LATIN	AMERICA, INC.		
2. The principal	office address: 5350 TECH DATA DE ER, FL 33760		****	
3. The mailing a	nddress (if different):			-
4. Date of incor	poration/qualification; 9/13/1993	Document number: P93000064422		-
	i street address of the current register trient of State: (If resigned, enter res	ed agent and registered office on file with the igned)	17.00	ij
	VETTER DAVID R		141	DEC
	350 TECH DATA DR			27
	CLEARWATER, FL 33760		: : <u>-:</u> -: -:	AM
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			84 :O: 48	
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Box NOT acceptable Plantation, Florida 33324			
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its register	ed agent,	
		oted by its board of directors or by an officer so motified in writing of the change.		
(19) PAS / CHILAS OT)		Thomas Anderson, Secretary		
•		Printed or typed name and little		
nevery/conjunt	ippi ine corportition nas veen notifie	and agree to act in this capacity. statutes relative to the proper and complete ted accept the obligation of my position as regis reflect a change in the registered office address ted in writing of this change.	tered s, I	
By: Cri you	Soration System	12/27/2017		
(819)	latur of Registered Agent	Date		
If signing on bel	naif of an entity:			
Chantaile Rufen-	Blanchette, Assistant Secretary			
7)	ped 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
CR2E045 (03/12)