Division of Corporations **Electronic Filing Cover Sheet**

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(((H160001758183)))



H160001758183ABC4

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

**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 MF LIGHTWAVE, INC.



Certificate of Status Certified Copy 0 03 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

JUL 22 2016

7/21/2016

7/21/2016 3:26:41 PM From: To: 8506176380(2/3)

COVER LETTER

SUBJECT:	Name of Co	prporation	
DOCUMENT	P99000080752		
	ratement of Change of Registered Office	/Agent and fee a	re submitted for filing.
	correspondence concerning this matter		
	Christine Morris		
	Name of Con	tact Person	
	Amphenol Corporation		
	Firm/Co	mpany	
	358 Hall Avenue		
	Addr	ess	
	Wallingford, CT 06492		
	City/State and	d Zip Code	·
	christing.morris@cox.net		
	E-mail address: (to be used for fu	ture annual repo	ort notification)
For further info	mation concerning this matter, please c	all:	
Christine Morris		203 at (265-8633
7	Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Depart:	ment of State.	
	Mailing Address: Amendment Section	Street Amend	Address: ment Section
	Division of Corporations	Divisio	n of Corporations
	P.O. Box 6327	Clifton	Building

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

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

		istered agent, or both, in the State of Flori		
1. The name of	f the corporation: MF Lightwave, Inc.			
2. The princips	al office address: 3321 Cherry Palm Drive	, Tompu, FL 33619	——————————————————————————————————————	
3. The mailing	address (if different): 358 Hall Avenue, \	Wallingford, CT 06492	·····	
4. Date of incorporation/qualification: 9/13/99 Document number: P9900			2	
	nd street address of the current registered artment of State: (If resigned, enter resigned)	dagent and registered office on file with the prediction.	e	
,	Larry Sledge		منت.	
	1700 S. MacDill Avenue, Suite 220		SEC	
•	Tampa, FL 33629		配	
6. The name an (if changed):		gent (if changed) and /or registered office	13388 10 A A A A	
	C T Corporation System			
	c/o C T Corporation System, 1200 South	Pine Island Road	語る	
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street addr	ress of its registered office and the stree I be identical.	et address of the business office of its regi	stered agent.	
Such change wanthorized by t	. A ·	ed by its board of directors or by an office of the change.		
Edition	C. Wetmino	Edward C. Wetmore, Secretary and Gener	ral Counsel	
•	the of all officer of difector	i timed of typed banic inia tale		
I hereby accept I further agree performance of agent Or, if th hereby confirm	t the appointment as registered agent a to comply with the provisions of all sta f my dulies, and I am famillar with and his document is being filed merely to rej that the corporation has been notified	nd agree to act in this capacity. Nutes relative to the proper and complete accept the obligation of my position as re flect a change in the registered office add in writing of this change.	egistored Fess. 1	
By: C T Corporation System By:		7/21/2016		
If signing on be	chalf of an entity:			
	note Euro			
Prost.	yped or Printed Barne	: EE: \$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)