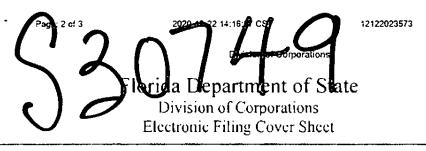
12/22/2020



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(((H200004370773)))



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To:	Division of Co	rporations
	Fax Number	: (850)617-6380
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA000000023
	Phone	: (614)280-3338
	Fax Number	: (954)208-0845
		s for this business entity to be used for future ings. Enter only one email address please.**
Ema	il Address:	

REGISTERED AGENT CHANGE COMPULINK CABLE ASSEMBLIES OF FLORIDA, INC.

Certificate of Status	0
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12/28/20

From: Kimberty Laughrey

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

statement of cha	nge is submitted	for a corporation orga	nized under the laws				
in orde.	r to change its re	egistered office or regist	tered agent, or both,	in the State of Florida.			
1. The name of t	he corporation:	Compulink Cable Ass	emblies of Florida, I	nc.			
2. The principal office address: 1205 Gandy Blvd. N., St. Petersburg, FL 33702							
3. The mailing a	ddress (if differe	mt):					
4. Date of incorp	oration/qualifica	ation: February 11, 199	Document nu	mber: \$30749			
5. The name and	l street address o	f the current registered a	agent and registered	office on file with the			
	Steven Shevlin	1					
	1205 Gandy Blvd. N.						
	St. Petersburg, FL 33702						
6. The name and (if changed):	I street address o	f the new registered age	ent (if changed) and	/or registered office			
	C T Corporation	n System					
	1200 South Pine Island Road						
		P.O. Bo	x NOT acceptable				
	Plantation	····	FL	33324			
The street address changed will	ess of its register be identical.	red office and the stree	t address of the busi	iness office of its registered agent,			
Such change was authorized by the	as authorized by ne board or the	resolution duly adopte corporation has been n	ed by its hoard of di otified in writing of	rectors or by an officer so the change.			
Mul	aNL		Michael DiPoto,				
I further agree of my duties, and document is being corporation has	the appointment to comply with the different with the different familiaring filed merely to been notified in the training filed merely to be an action System.	• _	nd agree to act in th	ortyped name and tale is capacity, proper and complete performance ion as registered agent. Or, if thi address, I hereby confirm that the			
By:		Chyllil	12/22	2/2020			
	naure of Registered /	Olga Hinkel V	P	Date			
T	yped or Printed Name	;					
		T T T TOTAL APIN AS	TET 625 00 + + +				