G 01/29/2019-2:33 PM	 HST29577110 -> 18506176380 Klorida /Department of State Division gr Corporations Electronic Filing Cover Sheet 	pg 1 of 3
	ase print this page and use it as a cover sheet. Type the fax audit number shown below) on the top and bottom of all pages of the document.	-
	(((H19000034976 3)))	
Note: DO	H190000349763ABC6	
	Doing so will generate another cover sheet.	JHH 29
To:	Division of Corporations Fax Number : (850)617-6380	FILED 18 38
From:	Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274	لر)
	the email address for this business entity to be used for future	
	nual report mailings. Enter only one email address please.**	
1-	S TALLE	N^{-}
RECEIVED 9 JAN 29 AM 8: 05	REGISTERED AGENT CHANGE JAN 3 0 20 RELM COMMUNICATIONS, INC.	
RECE 2019 JAN 29	Certificate of Status 0	
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2015 3400 78.	Estimated Charge \$35.00	
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→ 18506176380

COVER LETTER

TO: Amendment Section **Division of Corporations**

RELM Communications, Inc. SUBJECT

Name of Corporation

S71668 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justine Kamell					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Ste 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
notices@rasi.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Justine Karnell888 _705-7274					
Name of Contact Person Area Code & Daytime Telephone Num	ber				
Enclosed is a \$35.00 check made payable to the Department of State.					

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

⊙ 01/29/2019 2:35 PM	15129570210	-> 18506176380	pg 3 of 3	
S	FATEMENT OF CHANGE OF R BOTI	EGISTERED OFFICE OR RE H FOR CORPORATIONS	(((H19000034976 3))) GISTERED AGENT OR	
Pursuc	nt to the provisions of sections 607.0	1502, 617.0502, 607.1508, or 617.	1508, Florida Statutes, this	
statem	ent of change is submitted for a corp	pration organized under the laws	of the State of Florida	
	_ in order to change its registered of	fice or registered agent, or both, i	in the State of Florida.	
	name of the corporation: RELM C			
	principal office address: 7100 TEC			
W	EST MELBOURNE, FL 329	04		
3. The	mailing address (if different):			
	of incorporation/qualification: 8/5	/1991 Document nur	nber: S71668	
5. The	name and street address of the currer	nt registered agent and registered of	office on file with the	
Flor	ida Department of State: (If resigned	-		
	WILLIAM P. KEI	_LY		
	7100 TECHNOLOGY	DR		
	WEST MELBOURNE	FL	32904 Tregistered office	
	name and street address of the new r hanged):		32904 pr registered office	
	Registered Agent S	Solutions, Inc.	° öö	
	155 Office Plaza Di	r., Suite A		
		P.O. Box NOT acceptable		
	Tallahassee, FL 32	301		
The stu as chai	eet address of its registered office a aged will be identical.	nd the street address of the busin	ess office of its registered agent,	
Such c author	hange was authorized by resolution ized by the board, or the corporation	duly adopted by its board of dire has been notified in writing of the	ctors or by an officer so he change.	
<u>/s/</u>	William P. Kelly Signature of an officer or director	William P. Ke	lly CFO	
l furth perfori avent	y accept the appointment as registe er agree to comply with the provisio nance of my dutics, and I am familit Or, if this document is being filed w confirm that the porporation has be	ns of all statutes relative to the p ar with and accept the obligation merely to reflect a change in the r	roper and complete of my position as registered existered office address. I	
	in	01/29/2019		
	Signature of Registered Agent	· · · · · · · · · · · · · · · · ·	Date	
lf signi	ing on behalf of an entity:			
Justi	ne Karnell - Assistant Secre	etary		
	Typed or Printed Name			
	* * *	FILING FEE: \$35.00 * * *		
		ABLE TO FLORIDA DEPARTMENT DRATIONS, P.O. BOX 6327, TALLA		
CR2E04	(03/12)		(((H1900034976 3)))	

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(((H19000034976 3)))