Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000094717 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 : (850)878-5368 Phone Fax Number

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

Email Address:

REGISTERED AGENT CHANGE MITEL COMMUNICATIONS INC.

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBN	MITEL COMMUNICATIONS INC.		
0020	Name of Corporation		
DOCI	F96000003188 UMENT NUMBER:		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
Name of Contact Person			
	Firm/Company		
	Address		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
	Name of Contact Person at () Area Code & Daytime Telephone Number		
	Name of Contact Person Area Code & Daytime Telephone Number		
Enclose	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cl	hange is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of Delaware e or registered agent, or both, in the State of Florida.	-
	f the corporation; MITEL COMM	•	
	al office address: 600-5850 Grani		
3. The mailing	address (if different): 350 LBGO	GET DRIVE, KANATA, ON K2K 2W7 CA	
4. Date of inco	rporation/qualification: 06/24/19	996 Document number: F96000003188	<u>. </u>
5. The name ar		egistered agent and registered office on file with the	
	CORPORATION SERVICE CO	OMPANY Sec =	
	1201 HAYS STREET	SE CRE LAH	7 17 EF
	TALLAHASSEE, FL 32301-25		· Salen
6. The name an (if changed):		stered agent (if changed) and /or registered office	
	C T Corporation System		אַ
•	c/o C T Corporation System, 120	00 South Pine Island Road	
	P. Plantation, Florida 33324	O. Box NOT acceptable	
-	R H	the street address of the business office of its registered ager	ıt,
Such change wanthorized by t	as authorized by resolution dul- he beauty of the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.	
Signati	ure of an officer or director	Jennifer Kurz, Secretary Printed or typed name and title	
hereby accept further agree overformance of agent. Or, if the verby confirm		agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
ву: ┣— / / / / / /	Marie Marie Color	4/14/2016	
-	patiere of Registered Agen	Date	
	chalf of an entity:	·	
	Assistant Secretary		
ī	yped 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)