

M12000006409

12/22/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

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.

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MDA US SYSTEMS LLC

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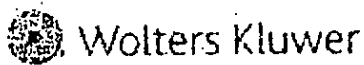
FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2017-12-22 15:21:46 CST
RE	MDA US Systems

COVER MESSAGE

Patrick Duffy
 Associate Fulfillment Specialist
 Global Fulfillment Operations
 CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

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STATEMENT OF CHANGE OF REGISTERED OFFICE FOR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MDA US SYSTEMS LLC

2. (a) 820 WEST DIAMOND AVE. SUITE 300 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

GAITHERSBURG, MD 20878

11/15/2012

MI2000006409

3. Date of filing/registration in Florida 4. Document number

5. (a) BUSINESS FILINGS INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michelle Klay
Signature of a member or authorized representative of a member

Michelle Klay
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Kimberly McGinnis
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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17 DEC 22 AM 10:01
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