M150000002742

(Re	equestor's Name)	·					
(Address)							
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	Certificates of Status					
Special Instructions to Filing Officer:							





200285795872

05/18/16--01016--011 **25.00

SECRETARISSEE FI DRID. 49
SECRETARISSEE FI DRID. 49

HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-012

Re: IAP C4ISR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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. 1	Name of the limited liability company: _IAP C4ISR, LLC					<u>-</u>		
2. (a	7321 NORTH ATLANTIC AVENUE		(b) 7321 NORTH ATLANTIC AVENUE					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	CAPE CANAVERAL FL 32920	_	CAPE CA	ANAVERAL, FL	32920			
	04/15/2015		M150000	02742				
3.	Date of filing/registration in Florida	4.		Document num	ber			
5. (a	(1) C T CORPORATION SYSTEM							
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:				
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	SECN FALL A	16 Kg	ranco,	
	PLANTATION , FL	33324			ETA-CS	<u>-</u> ග	CALCUMENTS.	
(b) Corporation Service Company				14.3 S.25.3	AH IÚ:		
•	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	•	GIRIO	(): L9	***************************************	
	1201 Hays Street				1>			
	NEW Registered Office Address:			•				
	Tallahassa							
	Tallahassee , FL_	32301						
the ch agent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regist bility cor f the limi	ered office npany, it is ted liability	and the busines hereby confirm company or as	ss office ned that t	of the	registered inge(s)	
	Xee & Gones	Jill C	ilmi, Author	rized Person				
I her provi the ol to me	nature of a member or authorized representative of a member eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have do not not this change.	ee to act performa for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	Printed or typed nacity. I further of duties, and I am F.S. Or, if this the limited liabil	agree to	compl	y with the and accept eing filed as been	
Signa	ture of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	by, Assistant \	Vice Pre	sident		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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.	Na	me of the limited liability company: IAP	C4ISR, LLC				-		
2	(a)	7321 NORTH ATLANTIC AVENUE		(b) 7321 NORTH ATLANTIC AVENUE					
۷.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		CAPE CANAVERAL FL 33	2920		CAPE C	ANAVERAL, FL 3	32920		
		04/15/2015		_	M150000	02742			
3.		Date of filing/registration in Flor	ida	4.		Document numb	er		
5.	(a)	C T CORPORATION SYSTEM							
	(-)	Registered Agent and Registered Office shown on	the records of th	ne Florida I	Dept. of State	- e:			
		1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORI	DA STREET AI	DDRESS)		_			
		PLANTATION	, FL_	33324		-	SECRET	16 HAY	
	(b)	Corporation Service Company				_	77	$\overline{\circ}$	agent a
		Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered (Office add	ress:		1975 1975	222	
		1201 Hays Street				_	OF STATE	8H 10: 49	-
		NEW Registered Office Address:					25 DIE	9	
		T II 4		00004		-			
		Tallahassee	, FL_	32301		_			
the ag wa the	e cha ent w is/we arti	mited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of olganization or the operating agreed unter of a member or authorized representative of a new person authorized representative of a new per	et address of t da limited lial e members of ement of the l	the regist bility cor the limi imited li	ered office npany, it i ted liabilit ability con	e and the business s hereby confirm y company or as	s office ed that t otherwi	of the the cha se pro	registered inge(s)
1.	- haral	by whent the appointment as registered a	aent and acre	e to act	in this can	acity I further a	oree to	compl	y with the
pro the to no	ovisi e obli mere tified	ons of all statutes relative to the proper all igations of my position as registered agency reflect a change in the registered office in writing of this change. The of Registered Agent Corporation Scrvice	nd complete p it as provided e address, I ho	performa I for in C ereby co	nce of my hapter 602 nfirm that	duties, and I am j 5, F.S. Or, if this the limited liabil rby, Assistant V	tamiliar docume ity comp	with a ent is b cany h	and accept peing filed as been
~,	G	Corporation Scrylog	Company	OI		EL 20214	100 1 10	JIGOII	•