## 496902

(Re	equestor's Name)						
(Ad	ldress)						
(Ac	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	usiness Entity Nam	ne)					
	•	•					
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Certified Copies	_ Certificates	of Status					
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ACCOUNT NO. : I2000000195

REFERENCE : 973775

AUTHORIZATION 🔿

COST LIMIT

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ORDER DATE: November 8, 2011

ORDER TIME : 9:57 AM

ORDER NO. : 973775-008

CUSTOMER NO: 5172953

## CHANGE OF AGENT

NAME: MICRO SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

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

statement of cha	ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MICRO SYSTEMS, INC.
2. The principal	l office address: 35 Hill Ave., Fort Walton Beach, FL 32548
3. The mailing a	address (if different): 4820 Eastgate Mall, Suite 200, Son Biego, (A 9212)
4. Date of incor	poration/qualification: 02/18/1976 Document number: 496902
	d street address of the current registered agent and registered office on file with the rtment of State:
	C.T. Corporation System
	1200 S. Ave. Island Rd.
	Plantation FL 33324
6. The name and (if changed):	1200 S. Ave. Island Rd.  Plantation FL 33324  d street address of the new registered agent (if changed) and /or registered office ST
	Corporation Service Company
	1201 Hays Street ©
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  Dehotal 5. Bulka, Secreture
	ure of an officer or director) (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance  and I am familiar with and accept the obligation of my position as registered agent. Or, if this  sing filed merely to reflect a change in the registered office address, I hereby confirm that the  s been notified in writing of this change.  on Scrvice Company
	gnature of Registered Agent) (Date)
(Big	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
Sylvia Queppo	ct, Asst. VP
(1	Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*