## 826747

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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	rtified Copies Certificates of Status			
Special Instructions to	Filing Officer:			
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ r to change its registered office or registe	nized under the la	rws of the State of DE	LAWARE		
1. The name of t	the corporation: CUBIC SIMULATION SY	YSTEMS, INC.				
	office address: 2001 W OAK RIDGE RC		FL 32809			
3. The mailing a	ddress (if different): PO BOX 85587 SA	N DIEGO, CA 9	2186			
4. Date of incorp	poration/qualification: 09/14/1971	Document	number: 826747			
	I street address of the current registered a timent of State: (If resigned, enter resigned	-	ed office on file with	the		
	INCORP SERVICES, INC.					
	17888 67TH COURT NORTH					
	LOXAHATCHEE	FL	33470	五二二		
6. The name and (if changed):	I street address of the new registered agen	nt (if changed) an	nd /or registered office	13日		
	Corporation Service Company			· 德国里 · · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street					
	P.O. Box NOT	`acceptable FL	32301			
The street addre	ess of its registered office and the street be identical.	address of the bu	usiness office of its re	egistered agent,		
Such change was authorized by to	as authorized by resolution duly adopted be poard, or the corporation has been no	by its board of a tified in writing	directors or by an off of the change.	icer so		
	Xie & Gome	Jill Cilmi, Vice				
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obligat ect a change in t	ne proper and comple tion of my position as he registered office a	registered		
	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	Asst. Vice President					
T	yped or Printed Name					

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