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11/6/2017



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To:

Division of Corporations

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: (850)617-6380

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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REGISTERED AGENT CHANGE LEIDOS GOVERNMENT SERVICES, INC.

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CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: Leidos Government Services, Inc.	
2. The principal office address: 11951 Freedom Drive, Reston, VA 20190	
3. The mailing address (if different):	
J. Date of incorporation/qualification: 5/15/1969 Document number: 827118	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301-2525	Ī
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	•
CT Corporation System	
1200 South Pine Island Road P.O. Box NOT acceptable	
Plantation, FL 33324	
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Rae M. Kligys, Assistant Secretary Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.	
Magoo 11/6/17	
Signature of Segistered Agent Date	
f signing on behalf of an entity: Judith Argao	
Vice President and Assistant Secretary Typed 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	