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| CKNEYAL DYNAMICS (Requestor's Name) | | | | | | | |
|--|--|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | | |
| - 11399 16th Court North | | | | | | | |
| (/ tau/ 500) | | | | | | | |
| Suik 2w | | | | | | | |
| (Address) | | | | | | | |
| 51 PCICIS DUCA, FI 33716 (City/State/Zip/Phone #) | | | | | | | |
| | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OR CEP 12 PM 12: 48

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1 General Dynamics OTS (Garland), L.P. | | | | | | |
|--|--|--|----------------|-----------|-------------------------------|------|
| Name of the limited partnership | | | | | | |
| 28 | 3/19/2003 | | 3B03 | 000000283 | | |
| | Date of filing/regist | gistration in Florida Document number assi | | | assigned | |
| 4. | The name of the registered agent and the registered office address as shown on the | | | | on the records of the Florida | t |
| | Department of State: Del S. Dameror | | n | | _ | |
| | | | Name | | | |
| 10101 Dr. M.L.King St., North | | | | | | |
| | Address | | | | - • | 무 |
| St. Petersburg, FL 33716 | | | | 05 SEP 12 | | |
| City, State and Zip | | | | Ŧ | 題、 | |
| | | | | | 12 | FA |
| 5. The name and address of the new registered agent and/or office: | | | | | | 320 |
| Del S. Dameron | | | | | 12: 48 | SES. |
| Name | | | | | | |
| 11399 16th Court North, Suite 200 | | | | | Ť |) As |
| | Florida street address (P.O. Box not acceptable) | | | | | |
| | St | . Petersburg | FL | 33716 | | |
| | | | City, State ar | | | |
| 6. | Such change(s) was/v | were authorized by | | | | |
| | DelSHO | aneum | | | | |
| Sign | nature of General Partner | | | | | |

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00