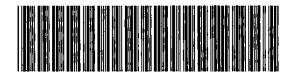
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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





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THE SECRETARY OF STATE
SECRETARY OF STATE
AND ASSET FLORIO

P.M. 8-12-14



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: July 24, 2014

Order#: 217206-013

Re: AVIAT U.S., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$35.

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: Janis M. Smith

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

14 JUL 28 PHII: 16
SECRETARY OF STATE
TALL ABASSET, FLORID.

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	DE		
1. The name of t	he corporation: AVIAT U.S., INC.				
2. The principal	office address: 5200 Great America	an Parkway, Santa Clara, CA 95054			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 08/14/2000	Document number: F00000	0004611		
	street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file visigned)	with the		
·	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILER FILE FILE FILE FILE FILE FILE FILE FILE		
	1201 Hays Street				
P.O. Box NOT acceptable					
	Taliahassee	FL 32301	_		
The street addre	ess of its registered office and the st be identical.	treet address of the business office of	its registered agent,		
Such change wa authorized by th	s authorized by resolution duly add to board, or the corporation has bee	opted by its board of directors or by aren notified in writing of the change.	n officer so		
		Dona Priebe, Vice President			
Signatur	an officer or director	Printed or typed name and t	itle		
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my positic o reflect a change in the registered off fied in writing of this change.	on as registered		
By: Y	a - Tekiahi a	07/21/2014			
	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
Typed or Printed Name					

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