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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Linky Name)				
(Document Number)				
Contilied Coning Contilientes of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Steele dana.steele@cscqlobal.com

Date: April 14, 2015

Order#: 555516-015

Re: VISUAL SYSTEMS GROUP, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

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: Dana Steele

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

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

statement of cha	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of <mark>Dela</mark> istered agent, or both, in the State of Flori	sware	
1 The name of	the corporation: VISUAL SYSTEMS G	ROUP, INC.		
2. The principal	office address: 7900 Westpark Drive,	Suite T-610, McLean, VA 22102		_
	.11 ('C.1'0")			_
5. The manning a	address (if different):	,		_
4. Date of incor	poration/qualification: 01/22/2002	Document number: F020000003	189	
	d street address of the current registere rtment of State: (If resigned, enter resig	d agent and registered office on file with the gned)	he	
	Lee, David		_	⊣
	Rural Route 23, #2148		15 APR	SECR
	Lake City	FL 32025	R 16	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	PH 3:	Y OF S
	Corporation Service Company		: 57	NATE
	1201 Hays Street		Þ	•
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its reg	gistered agent,	
Such change wa authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	er so	
(n) Signature	re of an officer or director	DAVID W. KNOTT VICE PRESIO Printed or typed name and title	PENTOF FINA	1NCE
I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent of comply with the provisions of all stomy duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	atutes relative to the proper and complet I accept the obligation of my position as r eflect a change in the registered office ad	e registered dress, I	
By: Sy	nature of Registered Agent	4/14/2015	<u></u>	
U	half of an entity:			
Sylvia Queppet	, Assistant Vice President			
T	yped or Printed Name			

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