Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future . annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE **CIRRUS DESIGN CORPORATION**

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Cirrus Design Corporation

Name of Corporation

DOCUMENT NUMBER. F0200005034

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

888

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	e provisions of sections 607.0502, 6 hange is submitted for a corporation				
-	der to change its registered office of		•		
1. The name o	f the corporation: Cirrus Des	ign Corporation	on		
	al office address: 4515 TAYL		DULUTH, M	N 5581	1
					<u> </u>
3. The mailing	g address (if different):		- -		
4. Date of inco	orporation/qualification: 10/4/2	002 Documen	nt number: F0200	0005034	
	nd street address of the current regis partment of State: (If resigned, enter		ered office on file wit	h the	
	C T CORPORAT		ΞM		
	1200 SOUTH PINE ISLAN	D ROAD			
	PLANTATION	FL	33324		
6. The name a (if changed)	nd street address of the new register	red agent (if changed)	and /or registered offi	2019 IIA7	1.
	Registered Agent Soluti	ons, Inc.		2	
	155 Office Plaza Dr., St			三	
	Tallahassee, FL 32301	Box NOT acceptable		8: 5 . 7	
The street add as changed wi	tress of its registered office and the identical.	street address of the	business office of its	registered agent	,
Such change v authorized by	was authorized by resolution duly a the board, or the corporation has b	idopted by its board of seen notified in writing	f directors or by an of g of the change.	fficer so	
	Mclanac	Don Mc	Isaac	CFO	
I hereby accept I further agree performance (agent. Or, if t	pt the appointment as registered as e to comply with the provisions of of my duties, and I am familiar with this document is being filed merely m that the corporation has been no	gent and agree to act i all statutes relative to h and accept the oblig to reflect a change in	n this capacity. the proper and comp ation of my position o the registered office	is registered	
	y C	05/02/20	019 Date		
	Signature of Registered Agent		Date		
Justine Kar	rnell - Assistant Secretary				
	Typed or Printed Name	•			