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Office Use Only



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10/06/15--01020--016 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

RARD CH8

OCT '- 8 2015

ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.rather-lopez@cscglobal.com

Date: October 2, 2015

Order#: 799116-020

Re: AVIDYNE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Marissa Rather-lopez 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.

OUCA.XCOA

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

statement of cha	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida pration organized under the laws of the State of fice or registered agent, or both, in the State of	f Delaware
1. The name of	the corporation: AVIDYNE C	CORPORATION	
	office address: 710 North D		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/0	1/2002 Document number: F0200	0005510
	d street address of the curren rtment of State: (If resigned,	nt registered agent and registered office on file enter resigned)	with the
	Schwinn, Daniel J		
	710 North Drive		2015 SEI TALI
	Melbourne	FL 32935	711 2015 OCT - SECRETAL SALLAHAS
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered of	SS 0 1
	Corporation Service Comp	pany	:5 ORIC
	1201 Hays Street		- - -
	Tallahaaaaa	P.O. Box NOT acceptable	_
	Tallahassee	FL 32301	_
The street address changed will	ess of its registered office and be identical.	nd the street address of the business office of	its registered agent,
Such change wa authorized by the	as authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an has been notified in writing of the change.	n officer so
T	2	Dona Priebe	Vice President
	are of an officer or director	Printed or typed name and	title
I further agree performance of agent. Or, if the hereby confirm	to comply with the provision on duties, and I am familia Tis document is being filed m	red agent and agree to act in this capacity. ns of all statutes relative to the proper and co ar with and accept the obligation of my position nerely to reflect a change in the registered off ten notified in writing of this change.	on as registered
By: Drace	· Cokubi	10/02/2015	
Sig	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·
If signing on be	chalf of an entity:		
Grace E. Kirby	, Assistant Vice President		
T	yped or Printed Name	-	

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