

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (\$50)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

ERA SYSTEMS CORPORATION

Certificate of Status	0
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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	under the laws of the State of Dolaware			
1. The name of t	he corporation: ERA Systems Corporation				_
	office address: 4300 Fair Lakes Court, Fairfe	L VA 22033			-
3. The mailing a	ddress (if different):				- -
4. Date of incorp	oration/qualification: 08/10/2005	Document number: F0500000004630			
5. The name and Florida Depar	street address of the current registered agent tment of State:	and registered office on file with the			
	Robert Bluir				
	28726 Stormcloud Pass				
	Wesley Chapel, FL 33543				
6. The name and (if changed):	street address of the new registered agent (in		SECRE TALL AF	09 FEB	
	c/o C T Corporation System, 1200	South Pine Island Road	TAF	8 2	
	(P.O. Bux NOT mospuble)	Power view through the party of	38 138	-	i
	Plantation, Florida		EFL SFS	훞	
	ss of its registered office and the street add be identical.			မွ	
Such change wa authorized by th	s authorized by resolution duly adopted by e board, or the corporation has been notified)	its board of directors or by an officer ad in writing of the change.	\$0 ²	— .	
VVV	of an officer or director)	delissa Burgum, Treasuror			
l hereby accept I further agree to of my duties, and document is bein corporation has	the appointment us registered agent and a a comply with the provisions of all statutes it is amiliar with and accept the obligat been notified in writing of this change.	(Printed or typed usine and title) gree to act in this capacity, relative to the proper and complete p ion of my position as registered agent gistered office address, I hereby confi	erformano Or, if thi rm that the	e S	
By:	CT Corporation System	2/24	109		
(Sig	nature of Registered Agent)	(Date)			
lf signing on bel	alf of an entity: Anusha Putty				
	Vice President				
<u>'</u> m',	and Assistant Secre	tary \$35.00 * * *			
MA	MAKE CRECKS PAYABLE TO FLORID IL TO: DIVISION OF CORPORATIONS, P.O. 1	DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, FL 32314		•	

FL034 - Q9/14/2005 C T System Online

CR2E045 (8/05)