F060000005674

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
. (Cir	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
		į	

Office Use Only



500249603175

DEFARIMENT OF STATE

13 JUL 29 PH



RA ROCH8

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/29/13

NAME:

SAFT FEDERAL SYSTEMS, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization order to change its registered office or registered.	ed under the laws of the Stat	e of Delay	this vare
1. The name of the corporation: SAFT F	EDERAL SYSTE	MS, INC.	
2. The principal office address:		NY	11042
3. The mailing address (if different): 313 Cresent Street	Valdese	NC	28690
4. Date of incorporation/qualification: August 31, 20		F060000	05674
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)	ent and registered office on i		
C T Corporation	n System		
1200 South Pine l	siand Road		
Plantation, FL	33324		ZESSE 13
6. The name and street address of the new registered agent (if changed): National Corporate Research		ed office	AHASSEE.
155 Office Plaza Drive P.O. Box NOT ac Tallahassee, FL 32301			FLORIDA
The street address of its registered office and the street ad as changed will be identical.	dress of the business office	e of its registe	red agent,
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notified.			
1 450	Jeffrey S. Sir		•
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and accagent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	agree to act in this capacity es relative to the proper an cept the obligation of my pa t a change in the registered writing of this change.	v. d complete sition as regi l office addres	stered ss, I
Signature of Registered Agent	7/29/2013	3	
If signing on behalf of an entity:			
ucy Rose, Assistant Secretary Typed or Printed Nature			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, F1. 32314

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

CR2E045 (03/12)

そろので