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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, VELA SYSTEMS, INC.

Name of Corporation

DOCUMENT NUMBER: F06000006035

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:

JUDY CULVER

Name of Contact Person

CLAS INFORMATION SERVICES

Firm/Company

2020 HURLEY WAY, STE. 350

Address

SACRAMENTO, CA 95825

City/State and Zip Code

jc@clasinfo.com

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

For further information concerning this matter, please call:

JUDY CULVER

, 800 \ 447-623

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

CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Job Number: 160519/JC Date: 07/17/2012

Name: VELA SYSTEMS, INC.

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #100284 in the amount of \$35.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: VELA SYSTEMS, INC.	
2. The principal office address: 164 MIDDLESEX TURNPIKE, BURLINGTON MA 01803	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/19/2006 Document number: F06000006035	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD	
PLANTATION FL 33324 US	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
NRAI SERVICES, INC.	
515 EAST PARK AVENUE	
P.O. Box NOT acceptable TALLAHASSEE, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
MARK ABRAHAMS, CFO, VP AND ASST SECRETARY Signature of an officer or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signfurbe of Registered Agent J. 12, 2012 Date	
If signing on behalf of an entity:	
JUDY CULVER Typed or Printed Name	

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