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(((H18000176192 3)))



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Division of Corporations

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From:

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## REGISTERED AGENT CHANGE ATK SPACE SYSTEMS INC.

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## \*\*\*HONOR ORIGINAL DATE 06-12-18\*\*\*



June 13, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATK SPACE SYSTEMS INC. 45101 WARP DRIVE DULLES, VA 20166US

SUBJECT: ATK SPACE SYSTEMS INC.

REF: F07000004609

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden FAX Aud. #: H18000176192 Regulatory Specialist II Letter Number: 918A00012291

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

statement of che	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statute. In organized under the laws of the State of <mark>Delawa</mark> Ir registered agent, or both, in the State of Florida	re	
1. The name of	the corporation; ATK SPACE SYS	TEMS INC.		
2. The principal	office address: 2980 Fairview Park	Drive, Falls Church, VA 22042		
3. The mailing a	nddress (if different): 2980 Fairview	v Park Drive, Falls Church, VA 22042		
4. Date of incorporation/qualification: 09/14/2007 Document number: F070000040				
5. The name and		stered agent and registered office on file with the		
·	CORPORATION SERVICE COM			\
	1201 HAYS STREET		<b>≅</b>	<b>%</b> 5.00
	TALLAHASSEE, FL 32301			92. 192.
6. The name an (if changed):	d street address of the new register	red agent (if changed) and /or registered office	2 AH 7: 27	CORPORATIONS
	C T Corporation System		27	ATE ATION
	1200 South Pine Island Road			Ĵō
	P.O. Box NOT acceptable Plantation, Florida 33324			
Such change w	as authorized by resolution duly a	e street address of the business office of its regis		igent,
authorized by t	he board, or the corporation has b	been notified in writing of the change.		
Patricia Belanger, Secretary  Signature of profileer or director  Printed or typed name and title				<del></del>
I further agree performance of avent. Or, if il.	to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as rep to reflect a change in the registered office addr otified in writing of this change.	gistere ess, I	rd
By: $(A\mathcal{U}_{B})$	poration Syspem    1992   mature of Registered Agent	06/12/2018		
	chalf of an entity:	M		
Michele Holden	. Asst Sect			
"	yped or Printed Name	-		

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