F0800000 1708

(Re	questor's Name)	,		
,	·			
(Ad	dress)			
(Ad	dress)			
	(0) (7: 10)	- 10		
(Ci	ty/State/Zip/Phone	9#)		
PICK-UP	☐ WAIT	MAIL		
/D:	siness Entity Nar			
(Bu	isiness Entity Ivar	nej		
(Document Number)				
Certified Copies	Certificates of Status			
-				
Special Instructions to Filing Officer:				
		i		

Office Use Only



000297681240

04/12/17--01010--008 **35.00

S TALLENT APR 1 7 2017

K/b-cx

17 APR 12 M 10:11



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: April 10, 2017

Order#: 573422-012

Re: THALES AVIONICS, INC.

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: Tecora Bell 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.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florid rganized under the laws of the State o gistered agent, or both, in the State o	f DE
	the corporation: THALES AVIONICS		
	office address:Crystał Drive Suite 1200 Arlington V	A 22202	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/16/2008	Document number: F0800	0001708
	I street address of the current register timent of State: (If resigned, enter res	ed agent and registered office on file igned)	with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		_ . 整為 =
	PLANTATION	FL 33324	APR
6. The name and (if changed):	I street address of the new registered of th	agent (if changed) and /or registered of	office FLOW
	1201 Hays Street		
	•	NOT acceptable	_
	Tallahassee	FL 32301	_
The street addre	ess of its registered office and the str be identical.	eet address of the business office of	its registered agent,
	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	n officer so
\sim	de E. alnie	Jill Cilmi, VIce President	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	my duties, and I am familiar with an	statutes relative to the proper and co nd accept the obligation of my positi reflect a change in the registered off	emplete on as registered
	nature of Registered Agent	Date	.
If signing on bel	half of an entity:		
Grace E. Kriby,	Asst. Vice President		
Ту	ped or Printed Name		

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