F10000002218

(Re	equestor's Name)	
(Ac	dress)	
(20	uless)	
(Ad	ldress)	, , , , , , , , , , , , , , , , , , ,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Onl	у .



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10/23/14--01019--006 **35.00

TALLAHASSEE, FLORID,

14 OCT 23 PH 12: 35

NOV 0 7 2014 T. CARTER

RAIRO Chanse



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: October 21, 2014

Order#: 344772-032

Re: AEROFLEX WICHITA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Ami Casper

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 cl	hange is submitted for a corporati	on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.		
	f the corporation: AEROFLEX W			
The name of The principal	al office address: 10200 West Yo	rk Street, Wichita, KS 67215		
	address (if different):			
4. Date of inco	rporation/qualification: 05/11/20	Document number: F10000002218		
	nd street address of the current reg artment of State: (If resigned, ente	ristered agent and registered office on file with the resigned)		
	C T Corporation System			
	1200 South Pine Island Road		TALLAHASS 14 OCT 23	
	Plantation	FL 33324		
6. The name an (if changed):		ered agent (if changed) and /or registered office	23 PH I2: 3!	ASSEE, FLOR
	1201 Hays Street		35	ADA ADA
		Box NOT acceptable		
	Tallahassee	FL 32301		
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change. RETE RASY - Directors Printed or typed name and title	gent,	
hereby accept further agree performance of gent. Or, if the tereby confirm Corporatio By:	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit is document is being filed merely that the corporation has been non Service Company.	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 registered to reflect a change in the registered office address, I otified in writing of this change. 10/21/2014 Date	-	
f signing on be	half of an entity:			
	, Assistant Vice President			
T	yped or Printed Name	•		
	*** FILI	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)