Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	. Ad	dre	SS	:
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REGISTERED AGENT CHANGE BAE SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation	617,0502, 607,1508, or 617,1508, Florida Stoon on organized under the laws of the State of <mark>De</mark> or registered agent, or both, in the State of Flo	laware	
I. The name of	he corporation: BAE Systems, Ir	nc.		
2. The principal	office address: 2941 Fairview Par	rk Drive, Suite 100, Falls Church, VA 22042		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/21/201	Document number: F10000004	673	
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with resigned)	the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND RO	DAD		
	PLANTATION, FL 33324			
6. The name and (if changed):	I street address of the new registor	ered agent (if changed) and /or registered offic	e	2
	United Agent Group Inc.			2023 JUN 20
	801 US Highway 1			E
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	555	20 AM
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its r	egistered	agem
Such change wa authorized by th		adopted by its board of directors or by an of been notified in writing of the change. Arseneault, Thomas A., President,		<u> </u>
Signature of an officer or director		By: Lauren Underwood, Attorney-in-Fact		
I hereby accept	the appointment as registered to	ngent and agree to act in this capacity, fall statutes relative to the proper and complet the obligation of my position as registered age in the registered office address, I hereby change.	lete perfo igent. Or confirm t	rmanc , if thi hat th
Lamblelen		06/20/2023		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Lauren Underwo	od, Special Secretary			
ſ	sped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)