F11000003820

(Reques	tor's Name)	
(* * * 4 * * * * * * * * * * * * * * * *		
(Addres	s)	<u>.</u>
(Addres	s)	
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)
(Docum	ent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	g Officer:	
,	-	

Office Use Only



300259470183

JUN 2 0 2014" T. CARTER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 179915

7226451

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 17, 2014

ORDER TIME : 1:42 PM

ORDER NO. : 179915-005

CUSTOMER NO: 7226451

CHANGE OF AGENT

NAME: MICROSEMI CORP. - RF

INTEGRATED SOLUTIONS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS:



June 18, 2014

RESUBMIT

CSC

ATTN: EMILY GRAY

Please give original submission date as file date.

SUBJECT: MICROSEMI CORP. - RF INTEGRATED SOLUTIONS

Ref. Number: F11000003820

We have received your document for MICROSEMI CORP. - RF INTEGRATED SOLUTIONS and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 714A00013206



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

	-		•	517.1508, Florida Statutes, this two of the State of Delaware
	= =	-		oth, in the State of Florida.
		OSEMI CORP RF IN	_	•
				, 0020110110
2. The principal	office address:	nterprise; Aliso Viejo,	CA 92030	
2 The melline a	1 d (i.f. 3i.ff).			
3. The maining a	address (if different):			
4. Date of incor	poration/qualification:	08/01/2011	Document	number: F11000003820
	i street address of the crument of State: (If resi		and register	ed office on file with the
	NRAI CORPORATE	SERVICES, INC.		
	515 EAST PARK AV	ENUE		
	TALLAHASSEE, FL	32301		· '
6. The name and (if changed):	i street address of the r	new registered agent (if	changed) an	d /or registered office
	Corporation Service	Company		
	1201 Hays Street			
		P.O. Box NOT accep		
	Tallahassee	· · · · · · · · · · · · · · · · · · ·		32301
The street addre as changed will	ess of its registered off be identical.	ice and the street addr	ess of the bu	siness office of its registered agent.
Such change wa authorized by th	as authorized by resolute board, or the corpor	ntion duly adopted by i ation has been notified	its board of d d in writing o	lirectors or by an officer so of the change.
Ju		Joi	nn Hohener,	
-	re of an officer or director			ed or typed name and title
recitory competition	the appointment as re to comply with the pro- my duties, and I am fa is document is being fi that the corporation h n Service Compan	as been nonnear an min	ree to act in relative to the the obligate change in the ting of this c	this capacity. e proper and complete ion of my position as registered her egistered office address, I hange.
By Emi	ly Lian	<u> </u>	06/18/1	4
Sign If signing on bel	nature of Registered Agent half of an entity:	F	1 - 7	Date
Emily	Gran As	st VP		
Ty	ped or Printed Name			

SECRETARY OF STATE
TWITT ("TO THE STATE

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

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	Microsemi Corp RF Integrated Solutions				
SODJ.	Name of Corporation				
DOCU	F11000003820 UMENT NUMBER:				
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Janine Paquette				
	Name of Contact Person				
	The Yocca Law Firm LLP				
	Firm/Company				
	19900 MacArthur Blvd., Suite 650				
	Address				
	Irvine, CA 92612				
City/State and Zip Code					
	annemarie.brándi@microsemi.con				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Janine	Paquette 949 253-0800 at ()				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclos	ed 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				