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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:___

REGISTERED AGENT CHANGE COBHAM MISSION SYSTEMS FWB INC.

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NOV 1 7 2021

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

statement of char	nge is submitted	l for a corporation	organized under the l	617.1508, Florida Statute wws of the State of Delaw oth, in the State of Flori	s, this are	-	
	•	Cobham Mission !	Systems FWB Inc.	,			
1. The name of t	he corporation:	706A Anchors Stree	t North West				
		7007 7 Menors Bree				_	
Fort Walton Bea		1000 Farm Po	ulaward Claudand Ol	1.44122		_	
3. The mailing a	ddress (if differ	ent): 1000 Eaton 100	ulevard, Cleveland, Ol	£1200003693			
				t number: F13000003682		_	
5. The name and Florida Depar	street address (tment of State:	of the current registe (If resigned, enter re	red agent and registe signed)	red office on file with the			
	Corporation Se	rvice Company					
	1201 Hays Street						
	Tallahassee, FL	. 32301-2525					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					2021 NOV 12		
•	C T Corporati	on System) V	
1200 South Pine Island Road							
	P.O. Box NOT acceptable						
	Plantation, Flor	rida 33324	-		- ξ : ΔΛ - ττ: ξ :	5: 5	
as changed will	be identical.			business office of its regi		nt,	
Such change wa authorized by the	is authorized by te-board, or the	y resolution duly ac corporation has be	opted by its board o	f directors or by an office g of the change.	r so		
	Lizbeth L. Wright, Vice President and Secretary						
Signature of an officer or director Printed or typed name and lifte					_		
I hereby accept I further agree of my duties, an document is bei corporation has C T Corporation	id Lum Jamiliai ing filed merek speen notified	nt as registered ago the provisions of a r with and accept the to reflect a change in writing of this cl	nt and agree to act i I statutes relative to e obligation of my p in the registered off ange.	in this capacity, the proper and complete osition as registered ager fice address, I hereby con	performa 11. Or if i girm that i	nce this the	
C : Computation	Leve \$ 1	llió	10	/12/2021			
- Fig	nature of Registered	Agent		Date		_	
If signing on be	half of an entit	y:					
Stephen F	Rullis, Vice F	President					
Т	yped or Printed Nam	ne					

* * * 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)

Ву: