## F58380

21002 [II]  MarksGray  1200 Riverplace Boulevard Suite 800 Jacksonville, FL 32207			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
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TALLAHASSEE FLORIDA

RAROCOS MUIS/10

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of	Florida
1. The name of	the corporation: O.C.E.M. Avionics Corporation	
2. The principa	l office address: 1108 NW 36 Drive, Gainesville, FL 32605	
3. The mailing	address (if different): 911 N.W. 37th Drive, Gainesville, FL 3260	5
4. Date of inco	rporation/qualification: Dec. 15, 1981 Document number:	F58380
	nd street address of the current registered agent and registered office on file vartment of State: (If resigned, enter resigned)	with the
	Clyde E. Lower	
	2531-B NW 41 Street	
	Gainesville, FL 32606	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered of	16 JUN 14 PM 12: 2
• •	1200 Riverplace Boulevard, Suite 800	<b>ധ</b>
	P.O. Box NOT acceptable  Jacksonville, FL 32207	
The street addr	ress of its registered office and the street address of the business office of I be identical.	its registered agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
- Lilite Signal	Yesha Brill as Per Judith Yesha Brill as Per Printed or typed name and	conal Represent
I further agree of my duties, a document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	omplete performance red agent. Or, if this eby confirm that the
	gnature of Registered Agent Date	
	ehalf of an entity:	
/	· · · · · · · · · · · · · · · · · · ·	
	Typed or Printed Name	

\* \* \* F1LING-FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)