

F97000002256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

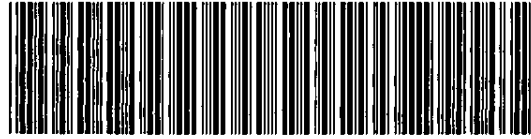
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

BROWN 10-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELEX SYSTEMS, INC.
Name of Corporation

DOCUMENT NUMBER: F97000002256

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLEEN A CALDINE
Name of Contact Person

DELEX SYSTEMS, INC.
Firm/Company

13865 SUNRISE VALLEY DRIVE, SUITE 250
Address

HERNDON, VA 20171
City/State and Zip Code

KCALDINE@DELEX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLEEN A CALDINE at (703) 287-3270
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of VIRGINIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DELEX SYSTEMS, INCORPORATED
2. The principal office address: 13865 SUNRISE VALLEY DRIVE, SUITE 250
HERNDON, VA 20171
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/28/97 Document number: F97000002256

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN MITCHELL
105 LAGOON FOREST DRIVE
PONTE VEDRA BEACH, FL 32082

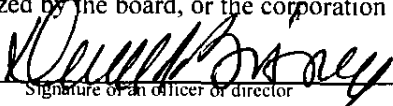
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DOUGLAS SEARS
734 SCARBOROUGH HEIGHTS DRIVE
P.O. Box NOT acceptable
ORLANDO, FL 32828

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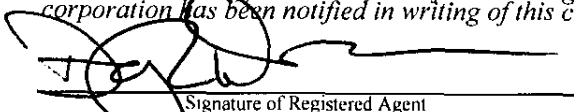
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DONALD R. BENSING
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

DOUGLAS SEARS
Date

If signing on behalf of an entity:

Typed or Printed Name

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