## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617~6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

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

 $\stackrel{C}{\longrightarrow} \star \star \mathtt{Enter}$  the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Ċ.

:

Email Address:

### COR AMND/RESTATE/CORRECT OR O/D RESIGN HII MISSION DRIVEN INNOVATIVE SOLUTIONS INC.

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## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

F9900000	H 193					
	(Document number of cor	poration (if known)	<del></del>			
HII Mission Driven Innovative Solutions Inc						
(Name of corpo	ration as it appears on the	records of the Departn	ient of State)			
2. Delaware	:	3. 03/03/1999				
(Incorporated under laws	ofi	3. <u>03/03/1999</u> (Date authoriz	zed to do busine:	ss in Florida	ŋ	
(4-7 CO	SECTION MPLETE ONLY THE A		(GES)			
4. If the amendment changes the name of the co	rporation, when was the et	range effected under th	ne laws of its jur	isdiction of		
incorporation? November 18, 2020						
5. HII Defense and Federal Solutions, Inc. (Name of corporation after the amendment, a not contained in new name of the corporation		" "company," or "inco	rporated." or app	propriate ab	breviatio	<u>त्र, म</u> ि
(If new name is unavailable in Florida, enter	alternate corporate name ac	lopted for the purpose	of transacting b	usiness in F	lorida)	
6. If the amendment changes the period of	duration, indicate new per	iod of duration.				
	(New duran	ion)	<del></del>		20	
7. If the amendment changes the jurisdiction	on of incorporation, indicat	e new jurisdiction.			2020 DEC -7 PH 1:0;	
_	(New jurisdi	ction)		;;	-7 P	F
8. If amending the registered agent and/or re		Florida, enter the na	ame of the	·		
new registered agent and/or the new regis	tered office address:			7-27	0	
Name of New Registered Agent			<del></del>		ω	
	(Florida street aa	ldress)		_		
New Registered Office Address:			_, Florida	<u> </u>	<del>-</del>	
	(City)		(Zip	Code)		
New Registered Agent's Signature, if cha				.***		
I hereby accept the appointment as registere	a agent. I am Jamiliar wil	n ana accept the obliga	ations of the pos	mon.		
Signature of New Register	nd downt if changing	<del></del>				
STREAM COLOR DESCRIPTION	use regular is chilinging					

(Title of person signing)

#### Chuck Monroe's 2020 Book - State Name Change Filings

. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity <u>Address</u> Type of Action Name □Add Remove □Add □Remove Mdd. □Remove □Add □Remove □Add □Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. Stadenk Anna for (Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Charles R. Monroe, Jr. Secretary

FILING FEE \$35.00

(Typed or printed name of person signing)

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'HII MISSION DRIVEN
INNOVATIVE SOLUTIONS INC.', FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO 'HII DEFENSE AND FEDERAL SOLUTIONS, INC.'
ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2020, AT 11:25 O'CLOCK
A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.



Authentication: 204204874

Date: 12-02-20