205000058549

(Re	questor's Name)				
(Address)					
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations			
SUBJECT: DOE & INGALLS OF FLO	DRIDA OPERATING LLC ad Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Myra Homer			2
Name of Person	÷	1 C 1	蓝 仁 "
Capitol Services Registered Agent	Department		는 . -
Firm/Company		274 50.50	
800 Brazos, Suite 400		- 	PM 1: 25
. Address	•		N2
		77	Č
Austin, Texas 78701			
City/State and Zip Code			
E-mail address: (to be used for future annual report notificate	tion)		
For further information concerning this matter, plants	ease call:		
Myra Homer at (
Name of Person	Area Code & Daytime Telephone Number	•	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Talishassee, Florida 32314		
Tallahassee, Florida 32301	•		
Enclosed is a check for the following am	nount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company: DOE & INGALLS OF FLORIDA OPERATING LLC				
2. (a	(a) Principal office address of limited liability company. 9940 Currie Davis Drive				
		Suite C-16			
	(Note: MUST BE STREET ADDRESS)	Tampa, FL 33619			
(b) Mailing address of limited liability company:				
	(Note: MAY BE POST OFFICE BOX)				
	3/2005	L05000058549			
3. D	ate of filing/registration in Florida	4. Document number			
5. (. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Agent:	C T Corporation System	萨莱		
	Registered Office Address:	1200 South Pine Island Road			
	•	Plantation FL	33324 E		
			22.8		
· (t	b) Enter name of NEW Registered Agent and/or l	NEW Registered Office address:	20 m		
•			~•		
•	NEW Registered Agent:	Capitol Corporate Service	s, Inc.		
•	NEW Registered Office Address:	Capitol Corporate Service 155 Office Plaza Drive, S			
•		155 Office Plaza Drive, S			
If the configured the configure of the c	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) c limited liability company is not organized under the immed that after the change or changes are made, the business office of the registered agent will be in ity company, it is hereby confirmed that the change is members of the limited liability company or as of a personnel agreement of the limited liability company or as of a member or suborized representative of a member	155 Office Plaza Drive, S Tallahassee , FI the laws of the State of Florida, it is be e Florida street address of the registe entical. Or, in the case of a Florida e(s) was were authorized by an affin	uite A 32301 nereby ared office limited mative vote		
If the configuration of the corth	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) e limited liability company is not organized under the immed that after the change or changes are made, the business office of the registered agent will be id lity company, it is hereby confirmed that the change members of the limited liability company or as of a member of a m	Tallahassee , FI the laws of the State of Florida, it is be a Florida street address of the register entical. Or, in the case of a Florida e(s) was/were authorized by an affirm herwise provided in the articles of or any.	uite A 32301 ereby ered office limited mative vote rganization		
If the confine and the liabil of the or the signature of the company and the confine and the c	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) c limited liability company is not organized under the immed that after the change or changes are made, the business office of the registered agent will be in ity company, it is hereby confirmed that the change is members of the limited liability company or as of a personnel agreement of the limited liability company or as of a member or suborized representative of a member	Tallahassee , FI the laws of the State of Florida, it is the Florida street address of the registerentical. Or, in the case of a Florida etc.) was/were authorized by an affirm herwise provided in the articles of or any. d agree to act in this capacity. I furnitude of the proper and complete performance of position as registered agent as provimerely reflect a change in the registery has been notified in writing of the cretary on prate Services, Inc.	uite A 32301 ereby ered office limited mative vote rganization		

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Name of the limited liability company: DOE & IN	IGALLS OF FLORIDA OPERATING LLC				
2. (a) Principal office address of limited liability comp	2040 Cumio Douis Drive				
(Note: MUST BE STREET ADDRESS)	Suite C-16				
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33619				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
6/13/2005	L05000058549				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	C T Corporation System				
Registered Office Address:	1200 South Pine Island Road				
	Plantation FL 33324				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Capitol Corporate Services, Inc.					
	155 Office Plaza Drive, Suite A				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301				
If the limited liability company is not organized under a confirmed that after the change or changes are made, the and the business office of the registered agent will be a liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or suthorized representative of a member	le Florida street address of the registered office				
Printed or typed name of signee	·				
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	ecretary on				
Signature of Registered Agent behalf of Capitol Corporations R.O. Par	•				
Division of Corporations, P.O. Box	. DJ&1, 1 HIELLASSEC, FL J&J14				

FILING FEE: \$25.00

INHS18 (05/08)