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Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE MULTINATIONAL DEFENSE SERVICES LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. No	ame of the limited liability company: Multinat	ional De	efense Servic	es LLC	
2. (a)	7901 4th St N STE 4000	(b) -	(b) 1660 INTERNATIONAL DR.		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	St Petersburg FL 33702		SUITE 700		
			ICLEAN, VA 22102		
	02/27/08	LO	8000020594		
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	AKHUND, SARJ				
2. (u)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	2844 ESMERALDA DR				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		orice 🎇	
	SARASOTA	_L 34243		2619 JUL - 6	
(b)	Registered Agents Inc.			JUL -2 AM 9: IT	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	<u></u> .		
	7901 4th St N				
	NEW Registered Office Address				
	STE 300				
	St. Petersburg	_{:L} 33702			
the cha agent v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registed liability comes of the limited limited liab	red office and the busing pany, it is hereby confir d liability company or a pility company.	ess office of the registered med that the change(s)	
Signs	nure of a member or authorized representative of a member	Riley	Printed or typed	name of signee	
Lhere	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to act in ic performan- led for in Che	this canacity. I further	vaoree to comply with the	
notifie	Bill Havre - Assista	ant Secreta		anty company nas ocen	
Signati	ire of Registered Agent				