

DOCUMENT# L10000069925

Entity Name: FLIGHT RESEARCH ASSOCIATES, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MILLER, JAMES R
Address: 110 TAYLOR STREET
City-St-Zip: JACKSONVILLE, OR 97530 US

Title: MGRM
Name: KRIKORIAN, WENDY J
Address: PO BOX 12
City-St-Zip: MOFFETT FIELD, CA 94035 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IFG

RA

04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date