

MO2000002854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

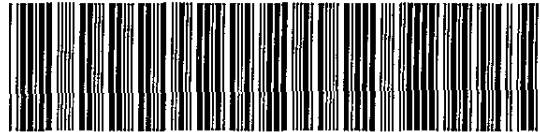
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

6/18  
*mt*



300020513543

06/13/03--00054--002 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN 13 AM 10:22

FILED

**CorpAssist of Baltimore**  
**11 East Chase Street, Suite 9E**  
**Baltimore, MD 21202**  
**Telephone: (410)539-5370 or (800)536-9778**  
**Fax: (410)539-5848**

**DOCUMENT FILING TRANSMITTAL FORM**

**To:** Florida Office of the Secretary of State

**From:** CorpAssist-Baltimore/Kerry Strubin

**Date:** 06-10-03

**Job Number:** COA-03

**Corporate Name:** LCC Design Services, L.L.C.

**Attached for filing please find the following:**

XX	Change of Agent				
XX	Check Enclosed	Check Number	22903	Amount	\$25.00
XX	Other: Made Payable to Secretary of State				

**Special Comments:**

--

**Type of Service:**

	Same Day		24 Hour	XX	Regular
--	----------	--	---------	----	---------

**Return Original Evidence to:**

<b>Kerry Strubin</b> <b>CorpAssist-Baltimore</b> <b>11 East Chase Street, Suite 9E</b> <b>Baltimore, MD 21202</b>  <b>IN THE ENCLOSED SELF-ADDRESSED</b> <b>&amp; PRE-PAID ENVELOPE.</b>
--

**Send Via :**

XX	Regular Mail	XX	Thank you!
----	--------------	----	------------

**FILED**  
03 JUN 13 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: LCC Design Services, L.L.C.
2. The mailing address of the limited liability company is : 7925 Jones Branch Drive, McLean, Virginia 22102

October 30, 2002  
3. Date of filing/registration in Florida

M02000002854  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, Florida 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
526 E. Park Avenue  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

**FILED**  
03 JUN 13 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Peter A. Deliso  
(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Rerry Z. Strubbe  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**