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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jabil Defense and Aerospace Services, LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathy Bowman
Name of Person
Jabil Circuit, Inc.
Firm/Company
Firm/Company 15060 Dr. Martin Luther King, D. Sheet Tolker Address St. Petersburg, Fl. 33716
10000 DI: Marian Edutor 1611-1911: South 1/0912
St. Petersburg, FL 33716 City/State and Zip Code
City/State and Zip Code
kathy_bowman@jabil.com; jeffrey_franks@jabil.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Bowman at (727) 803-5476
Name of Person Area Code and Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

*MGR" = Manager *MGRM" = Managing Member MGR/President & Treasurer MGR/Secretary MGR/Secretary MGR/Secretary MGR Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716	1. The name of the limited liability com Department of State is: Jabil De	pany as it appears on the records of the Florida fense and Aerospace Services, LLC
A. The name and address of each manager or managing member is as follows: Title: Name and Address:	2. This entity was formed under the law	s of:
Name and Address: Name and Address:		
*MGR" = Manager *MGRM" = Managing Member MGR/President & Treasurer MGR/Secretary MGR/Secretary MGR/Secretary MGR/Secretary MIRE Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716	4. The name and address of each manag	er or managing member is as follows:
MGR/Secretary Joey Weeks 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 JOEY Weeks 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Required Signature:	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR/Secretary Joey Weeks 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Mike Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Required Signature:	MGR/President & Treasure	10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716
Note Du 10500 Dr. MLK Jr. St. N. St. Petersburg, FL 33716 Required Signature:	MGR/Secretary	Joey Weeks 10500 Dr. MLK Jr. St. N.
	MGR_	10500 Dr. MLK Jr. St. N.
	Required Signature: Signature of Manage	ter Managing Member or Member

Filing Fee: \$25