8/6/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

F1	Address:			

LLC REGISTERED AGENT CHANGE MCKEAN DEFENSE GROUP LLC

	0
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Estimated Charge	\$55.00

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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 affice or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: MCKEAN DEFE	NSE GROUP LLC	2		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	4/24/2008	м08000			
(a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number		
(a)	Registered Agent and Registered Office shown on the records of	State:			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET		2921 AUG		
	TALLAHASSEE FL	32301-2525	Anasa		
(b)	C T Corporation System		ន្តារ	HV 9-	
()	Enter name of NEW Registered Agent und/or NEW Registered	Office address		9. -5	
	NEW Registered Office Address:				
	1200 South Pine Island Road			·	
	Plantation	33324			
cha ent v s/wi ard Pro- ieres oblinari	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative tote of the members of icles of organization or the operating agreement of the mane of a member or authorized refresentative of a number by accept the appointment as registered agent and agent of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	the registered of lability company of the limited liability limited liability limited liability ree to act in this operformance of life in Chapter	it is hereby confirmed that the bility company or as otherwise company. Printed or typed name of sign capacity. I further agree to the following this country of this docume.	comply with and account is being fi	