

M12000001368

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 : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
TAMPA MICROWAVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 JUN -3 PM 3:12

SECRETARY OF STATE  
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DIVISION OF CORPORATIONS  
13 JUN -3 AM 7:56

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAMPA MICROWAVE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heshia Burns  
Name of Person

Thales USA, Inc  
Firm/Company

2733 S Crystal Dr Suite 1200  
Address

Arlington, VA 22202  
City/State and Zip Code

Heshia.Burns@us.thalesgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heshia Burns at (703) 838-5648  
Name of Person Area Code & 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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: TAMPA MICROWAVE, LLC
2. (a) Principal office address of limited liability company: C/O THALES COMMUNICATIONS INC.  
22605 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871  
 (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: C/O THALES COMMUNICATIONS INC.  
22605 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871  
 (Note: MAY BE POST OFFICE BOX)

- 03/09/2012  
3. Date of filing/registration in Florida
- M12000001368  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 

Registered Agent:	<u>CORPORATION SERVICE COMPANY</u>
Registered Office Address:	<u>1201 HAYS STREET</u> <u>TALLAHASSEE, FL 32301</u>

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 

NEW Registered Agent:	<u>C T Corporation System</u>
NEW Registered Office Address:	<u>1200 South Pine Island Road</u>
( <u>MUST BE FLORIDA STREET ADDRESS</u> )	<u>Plantation, FL 33324</u>

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.

Dennis Franzen  
 Signature of a member or authorized representative of a member

DENNIS FRANZEN  
 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.

By: C T Corporation System  
 Signature of Registered Agent

John Argo  
 Vice President  
 and Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00

INHS18 (05/08)

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