# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			2.5
	Division of Cor	porations	
	Fax Number	: (858)617-6383	7.
From:			•
	Account Name	: C T CORPORATION SYSTEM	
	Account Number		
		: (512)418-6949	
	Fax Number	: (954)208-0845	
			. •
Enter anı	the email address nual report maili	s for this business entity to be used ngs. Enter only one email address pla	for future ase.**
Em:	ail Address:		

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOCKHEED MARTIN ENGINEERING & SCIENCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	11
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN KOV 1 5 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LOCKHEED MARTIN ENGINEERI	NG & SCIENCES	s, iÃC	
Name of Foreig	m Limited Liab	ility Compa	ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted for	or filing.	
Please return all correspondence concerning the	is matter to the	following:	
Elizabeth Adams		. i·	
Name of Person		-	
CT Corporation System			
Firm/Company		_	
111 8th Avenue			
Address		_	
New York, NY 10011			
City/State and Zip Cod	c	•	
elizabeth.adams@wolterskluwer.com		1.7	
E-mail address: (to be used for future annua	l report notifica	tion)	
For further information concerning this matter,	please call:		
Elizabeth Adams		590-9245	I
Name of Person	Area Code	& Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations
Enclosed is a check for the following amoun  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	🔲 \$55 Fili	ng Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CREENIUU (PRI II			

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

	1. Name of limited liability Company as it appears on the records of the Florida Department of
	State: LOCKHEED MARTIN ENGINEERING & SCIENCES, LLC
· ·	
	Enter new principal office address, if applicable:
	(Principal office address MUST BE A STREET ADDRESS)
:	Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)
	2. The Florida document number of this limited liability company is: M16000006597
	3. Jurisdiction of its organization: Texas
	4. Date authorized to do business in Florida: 8/12/2016
	SECTION II (5.9 complete only the applicable changes)
	5. New name of the limited liability company:  LEIDOS ENGINEERING & SCIENCES, LLC  (must contain "Limited Liability Company," "L.L.C.," or "LLC.")
•	
•	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
	6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered office address here:
	Name of New Registered Agent: CT CORPORATION SYSTEM
	New Registered Office Address:
	Enser Florida Street Address
	Plantation Florida 33324  City Zip Code
	•
· :	New Registered Agent's Signature, if changing Registered Agent.  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 605, 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.  Kim Wasliewski Assistant Secretary
	If Changing Registered Agent Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	Address	Type of Action
Director	Vincent A. Maffeo		∏Add
		11951 Freedom Drive, Reston, VA 2019	0 ⊠ Remove
POA	Donald P. Martin		Add
		230 Mall Blvd, King of Prussia, PA 1940	06 🔀 Remove
Director	Sharon Watts	11951 Freedom Drive, Reston, VA 2019	0 ⊠∧dd
			Remove
Manager	Raymond L. Veldman	11951 Freedom Drive, Reston, VA 20190	X Add
			Remove
			Add
			Remove
<ul> <li>a forementio</li> </ul>	a certificate, if required: no more the ned amendment(s); duly authenticate under the law of which this entity is	led by the official having custody of records in the	he · ···· · · · · · · · · · · · · · · ·
	Signatu	re of the authorized representative	17 NOV

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on August 16, 2016, Lockheed Martin Engineering & Sciences, LLC, a Domestic Limited Liability Company (LLC) (file number 802514572), changed its name to Leidos Engineering & Sciences, LLC.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13, 2017.



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 773501890005

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

# Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Leidos Engineering & Sciences, LLC Filing Number: 802514572

Certificate of Amendment August 16, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13, 2017.



~~~

Rolando B. Pablos Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at http://www.sos.state.tx.us/
Fax: (512) 463-5709
Diai: 7-1-1 for Relay Services
Document: 773501890006

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512/463-5709

Filing Fee: See instructions



#### Certificate of Amendment

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

AUG 16 2016

Corporations Section

#### **Entity Information**

| The name of the filing entity is:                                                                 |                                                                                               |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Lockheed Martin Engineering & Science                                                             | es, LLC                                                                                       |
| State the name of the entity as currently shown of the entity, state the old name and not the new | in the records of the secretary of state. If the amendment changes the name whame,            |
| The filing entity is at (Select the appropriate                                                   | entity type below.)                                                                           |
| For-profit Corporation                                                                            | Professional Corporation                                                                      |
| Nonprofit Corporation                                                                             | Professional Limited Liability Company                                                        |
| Cooperative Association                                                                           | Professional Association                                                                      |
| ☐ imited Liability Company                                                                        | Limited Partnership                                                                           |
| The file number issued to the filing ent                                                          | tity by the secretary of state is: 802514572                                                  |
| The date of formation of the entity is:                                                           |                                                                                               |
| ,                                                                                                 | Amendments                                                                                    |
|                                                                                                   | Amendments                                                                                    |
| (If the purpose of the certificate of amo                                                         | Amended Name endment is to change the name of the entiry, use the following statement)        |
| The amendment changes the certificat filing entity. The article or provision is                   | e of formation to change the article or provision that names the samended to read as follows: |
| The name of the filing entity is: (state                                                          | the new name of the entity below)                                                             |
| Leidos Engineering & Sciences, LLC                                                                |                                                                                               |

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

### 2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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AUG 1 6 2016 Secretary of State

Form 424

| (Complete either A                                                                                                                                                                                                                                                                               | Registered Agent or B, but not both. Also complete       | e C.)                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------|--|--|
| X A. The registered agent is an organizati                                                                                                                                                                                                                                                       |                                                          |                                 |  |  |
| CT Corporation System                                                                                                                                                                                                                                                                            |                                                          |                                 |  |  |
| OR  B. The registered agent is an individual                                                                                                                                                                                                                                                     | resident of the state whose                              | name is:                        |  |  |
| First Name M.I.                                                                                                                                                                                                                                                                                  | Lasi Name                                                | Suffer                          |  |  |
| The person executing this instrument affirm has consented to serve as registered agent.                                                                                                                                                                                                          | ms that the person designa                               | ted as the new registered agent |  |  |
| C. The business address of the registered a                                                                                                                                                                                                                                                      | gent and the registered offic                            | ce address is:                  |  |  |
| 1999 Bryan Street, Suite 900                                                                                                                                                                                                                                                                     | Dallas                                                   | TX 75201                        |  |  |
| Street Address (No P.O. Box)                                                                                                                                                                                                                                                                     | City                                                     | Sinte Zip Code                  |  |  |
| 3. Other Added                                                                                                                                                                                                                                                                                   | , Altered, or Deleted Prov                               | risions                         |  |  |
| Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format. |                                                          |                                 |  |  |
| Text Area (The attached addendum, if any, is incorporated                                                                                                                                                                                                                                        | herein by reference.)                                    |                                 |  |  |
| Add each of the following provisions to reference of the added provision and the fu                                                                                                                                                                                                              | o the certificate of formatio<br>Il text are as follows: | n. The identification or        |  |  |
|                                                                                                                                                                                                                                                                                                  |                                                          |                                 |  |  |
| Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:                                                                                                   |                                                          |                                 |  |  |
| ,                                                                                                                                                                                                                                                                                                | я                                                        |                                 |  |  |
|                                                                                                                                                                                                                                                                                                  |                                                          |                                 |  |  |
| Delete each of the provisions identified                                                                                                                                                                                                                                                         | d below from the certificate                             | of formation.                   |  |  |
|                                                                                                                                                                                                                                                                                                  |                                                          |                                 |  |  |
|                                                                                                                                                                                                                                                                                                  |                                                          |                                 |  |  |

### Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

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### Effectiveness of Filing (Select either A, B, or C.)

| A. X This document becomes effective when the document is filed by the secretary of state.                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. This document becomes effective at a later date, which is not more than ninety (90) days from                                                                                                                                                                                                           |
| the date of signing. The delayed effective date is:                                                                                                                                                                                                                                                        |
| C. This document takes effect upon the occurrence of a future event or fact, other than the                                                                                                                                                                                                                |
| passage of time. The 90th day after the date of signing is:                                                                                                                                                                                                                                                |
| The following event or fact will cause the document to take effect in the manner described below:                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                            |
| Execution                                                                                                                                                                                                                                                                                                  |
| The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument. |
| Date: August 16,2016                                                                                                                                                                                                                                                                                       |
| By: Raymond L. Veldman                                                                                                                                                                                                                                                                                     |
| Signatule of authorized person                                                                                                                                                                                                                                                                             |
| Secretary                                                                                                                                                                                                                                                                                                  |
| Printed or typed name of authorized person (see instructions)                                                                                                                                                                                                                                              |

٠,

| Form 509 (Revised 06/15)  Submit with relevant filing instrument.  Filing Fee: None | Consent to Use<br>of Similar Name                                                                                                                                      |                                         |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                                                                                     | 10000 10 14 0 d                                                                                                                                                        |                                         |
| (1) Leidos Engineering, LLC file A                                                  | 0800401484<br>mitre or individual who holds the existing w                                                                                                             | ame on file with the secretary of state |
| consents to the use of                                                              | naje di didirika                                                                                                                                                       | "                                       |
| (2) Leidos Engineering & Sciences                                                   | , 1.LC                                                                                                                                                                 |                                         |
|                                                                                     | Proposed name                                                                                                                                                          |                                         |
| (3) The undersigned certifies to consent. The undersigned si                        | y or foreign filing entity in Texas for<br>of state.  being authorized by the holder of the<br>gas this document subject to the per<br>false or fraudulent instrument. | ne existing name to give this           |
| Date: Aug 16, 2016                                                                  | Signature of Authorized                                                                                                                                                | Person                                  |
|                                                                                     | Name of Authorized Per                                                                                                                                                 | Ant AL son (type or print)              |
|                                                                                     | SECRETAR This of Authorized Person                                                                                                                                     |                                         |
| State of VIRGINIA                                                                   |                                                                                                                                                                        |                                         |
| County of FAIRFAY                                                                   | Aug                                                                                                                                                                    |                                         |
| This instrument was acknowledge                                                     | d before me on 16 2006 (no                                                                                                                                             | me of authorized person)                |
| (Scal) Communication (Scal) Ramune M Migys - N Commission No My Commission Expire   | 7562444 Notary Public's sign:                                                                                                                                          | TK. Klyen                               |

Perm 50%

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Corporations Section P.O.Box 13697

Austin, Texas 78711-3697

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Rolando B. Pablos Secretary of State

# Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Leidos Engineering & Sciences, LLC (file number 802514572), a Domestic Limited Liability Company (LLC), was filed in this office on August 04, 2016.

2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13,



Phone: (512) 463-5555

Prepared by, SOS-WEB



Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.stale.tx.us/ Fax: (512) 463-5709 Dia

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 773585880007