P00000085378

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT
Please retain original filing date of submission 6/26

To:
Division of Corporations
Fax Number : (850)617-6380

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: _____

FILED
2012 JUN 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
AI SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03 04
Estimated Charge	$35.00

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DOR
6/27/12

June 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A-1 SOLUTIONS, INC.
18520 NW 67TH AVE, # 262
MIAMI, FL 33015

SUBJECT: A-1 SOLUTIONS, INC.
REF: P00000085378

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000168204
Letter Number: 712A00017443

RE-SUBMIT
Please retain original filing
date of submission 6/26

RECEIVED
2012 JUN 27 AM 8:06
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AI SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P04000002308

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Haid
Name of Contact Person

a.i. solutions, Inc.
Firm/Company

10001 Derekwood Lane, Suite 215
Address

Lanham, MD 20706
City/State and Zip Code

melissa.haid@ai-solutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Haid at (301) 306-1756 x201
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

FL#06 - 07/23/2009 C T System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Marlyand *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: AI SOLUTIONS, INC.

2. The principal office address: 10001 DERBKWOOD LANE, SUITE 215
LANHAM MD 20706

3. The mailing address (if different): ______

4. Date of incorporation/qualification: 04/27/2004 Document number: F04000002308

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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2012 JUN 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ATTN: Dave Nowak
8910 Astronaut Blvd. Suite 120
P.O. Box NOT acceptable
Cape Canaveral, FL 32920

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[signature] Deborah Hickox, Chief Financial Officer
Signature of an officer or director — Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [signature] 6/25/2012
Signature of Registered Agent — Date

If signing on behalf of an entity:

______
Typed or Printed Name

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)