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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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## REGISTERED AGENT CHANGE ORBITAL SCIENCES CORPORATION

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## \*\*\*\*\*HONOR ORIGINAL DATE 06-12-18\*\*\*



June 13, 2018

## FLORIDA DEPARTMENT OF STATE Division of Corporations

ORBITAL SCIENCES CORPORATION 45101 WARP DRIVE DULLES, VA 20166US

SUBJECT: ORBITAL SCIENCES CORPORATION

REF: P39318

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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

Claretha Golden Regulatory Specialist II FAX Aud. #: H18000176227 Letter Number: 318A00012290

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

statement of ch	ange is submitted for a corporati	617,0502, 607,1508, or 617,1508, Florida Sta ion organized under the laws of the State of Del or registered agent, or both, in the State of Flor	laware	<b></b>
1. The name of	the corporation: ORBITAL SCIE	NCES CORPORATION		
2. The principa	Loffice address: 2980 Fairview Pa	rk Drive, Falls Church, VA 22042		
3. The mailing	address (if different): 2980 Fairvi	ew Park Drive, Falls Church, VA 22042	<u> </u>	, <u></u>
4. Date of incom	rporation/qualification:	Document number: P39318		
	nd street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with er resigned)	the	
	CORPORATION SERVICE CO	MPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301		13	N. St.
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		e = 10		
	C T Corporation System		7	
	1200 South Pine Island Road		AH II: 45	551 212
		O. Box NOT acceptable	, U.	一度で
	Plantation, Florida 33324			
The street addras changed will	ress of its registered office and t II be identical.	he street address of the business office of its r	egistered ago	ent.
Such change w	eas authorized by resolution dub	y adopted by its board of directors or by an off s been notified in writing of the change.		
PB	elanger	Patricia Belanger, Secretary		_
•	ture of an orition or director	Printed or typed name and title		
- I further agrée - performance o - agent - Or if i	to comply with the provisions of my duties, and I am familiar w his document is being filed merc	agent and agree to act in this capacity, of all statutes relative to the proper and compl ith and accept the obligation of my position a reflect a change in the registered office a notified in writing of this change.	s registerea	
By: (A)	orporation System  A Land Land Land Land Land Land Land Land	06/12/2018 Date		_
If signing on b	pehalf of an entity:			
Michele Holder	n, Asst Sect			
<del></del> _	Typed or Printed Name	<del></del>		

\* \* \* FILING FEE: \$35.00 \* \* \*