

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

SV MICROWAVE, INC.

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

		502, 617.0502, 607.1508, or 617.1508, Florida Statutes, poration organized under the laws of the State of
		registered office or registered agent, or both, in the State
of Florida.	Office to change no	egains and agreed of the agreement of th
I. The name of the corpo	oration: SV MICI	LOWAYE, INC.
2. The principal office a	ddress: 358 BAI	1. AVENUE
	WALLING	FORD, CT 06492
3. The mailing address (if different):	
4. Date of incorporation	/qualification: HOVEM	BER 4, 1992 Document number: P 92000002067
5. The name and street a Florida Department of		registered agent and registered office on file with the second
	CHRISTIAN CJ	JANNET 38
·	2400 CENTREP	ARK WEST DRIVE - SUITE 100
·	NEST PALM BE	ACH, VL 33409
The name and street changed):		registered agent (if changed) and /or registered office (if Corporation System
	c/o C	T Corporation System
	(P.O. Box or p	ersonal mailbox NOT acceptable)
	1200 South Pine Isl	and Road, Plantation, Florida 33324
The street address of it agent, as changed will	s registered office and be identical.	d the street address of the business office of its registered
Edward C. U	Utm or or vice chairman of the board)	uly adopted by its board of directors or by an officer so has been notified in writing of the change. EDWARD C. WEIMORE, SHORETARY & GENERAL COUNSEL. (Primes or typed name and util)
I hereby accept the app I further agree to comp performance of my dul registered agent. Or, to office address, I hereby CT Corporat Bg:	pointment as registers by with the provision ies, and I am familian if this document is be y confirm that the cor tion Sylom The Sy	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete r with and accept the obligation of my position as ing filed merely to reflect a change in the registered poration has been notified in writing of this change.
If signing	His Amelian d	(Capacity)
(x)pouldi ri		Contractor

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

Make Checks payable to Florida Department of Stats and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314