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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-536B

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

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## REGISTERED AGENT CHANGE NETMRO INC.

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJ	NETMRO INC.				
5526	Name of Cor	poration			
DOC	P97000081471 UMENT NUMBER:				
The er	nclosed Statement of Change of Registered Office/	Agent and t	fee are submitted for filing.		
	return all correspondence concerning this matter t	_	_		
	LISA A. FONTANA				
	Name of Conta	ct Person			
WESCO AIRCRAFT HARDWARE CORP.					
	Firm/Company				
	24911 AVENUE STANFORD				
	Addres	38			
	VALENCIA, CA 91355				
City/State and Zip Code					
LISA.FONTANA@WESCOAIR.COM					
	E-mail address: (to be used for fut	ure annual	report notification)		
For fu	rther information concerning this matter, please cal	II:			
LISA	A. FONTANA	661 at (	775-7272		
	Name of Contact Person	Area C	ode & Daytime Telephone Number		
Enclos	sed is a \$35,00 check made payable to the Departm	ent of State	<b>.</b>		
	Mailing Address: Amendment Section	<u>Ştr</u> An	eet Address: nendment Section		
	Division of Corporations	Div	vision of Corporations		
	P.O. Box 6327		fton Building		
	Tallahassee, FL 32314		51 Executive Center Circle llahassee, FL 32301		

CR2E045 (03/12)

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

statement of change	is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florids
		tered agent, or both, in the State of Florida.
1. The name of the o	corporation: NETMRO INC.	
2. The principal offi	ce address; 24911 Avenue Stanford	Valencia CA, 91355
3. The mailing addre	ess (if different):	
4. Date of incorpora	tion/qualification: 09/19/1997	Document number: P97000081471
	eet address of the current registered and of State: (If resigned, enter resign	agent and registered office on file with the ed)
NR	AI SERVICES, INC.	
120	00 SOUTH PINE ISLAND ROAD	
PL	ANTATION, FL 33324	
6. The name and stre (if changed):	ect address of the new registered age	ant (if changed) and /or registered office
C1	Corporation System	
c/o	C T Corporation System, 1200 South F	Pine Island Road
Pla	P.O. Box NOT mation, Florida 33324	Cacceptable
		address of the business office of its registered agent,
Such change was au authorized by the be	thorized by resolution duly adopted pard, or the corporation has been no	by its board of directors or by an officer so titled in writing of the change.
Stationer of	hu Halland	JOHN HOLLAND, VP & SECRETARY  Printed or typed name and fills
I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that	appointment as registered agent an Apply with the provisions of all state dulies, and I am familiar with and a exament is being filed merely to refi the corporation has been notified i	d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address, i n writing of this change.
By: C T Corposal	-0	4/6/15
, , ,	of Registated Agent	Deta
If signing on behalf  T(i31 )  Typed o	_	
	* * * PTI ING PP	F+ 634 NN * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)