P 980000008088

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	

Office Use Only



800148283988



C.COULLIETTE
APR 0 7 2009

EXAMINER





ACCOUNT	NO. :	0721000000	32	
REFERE	ENCE :	946498	4701624	
AUTHORIZAT	TION :	Smille	lenan	
COST LI	MIT :	\$ 15.00		
ORDER DATE : April 2, 200)9	 		
ORDER TIME : 9:20 AM				
ORDER NO. : 946498-205				
CUSTOMER NO: 4701624				
CHANGE OF AGENT				
NAME: DRS TACTI	CAL SYS	TEMS, INC.		
PLEASE RETURN THE FOLLOWIN	IG AS PR	OOF OF FILI	NG:	
CERTIFIED COPY XXX PLAIN STAMPED COPY	7			
CONTACT PERSON: Matthew Y	oung	EXT# 2962 EXAMINER:		

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: DRS TACTICAL SYSTEMS, INC.
2. The principal	
	st Hibiscus Blvd., Melbourne, FL 32901
_	ddress (if different):
4. Date of incorp	poration/qualification: 01/27/1998 Document number: P9800008088
	d street address of the current registered agent and registered office on file with the timent of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Plantation, FL 33324 Street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	Corporation Service Company 1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Dace	Maureen Cullen, Attorney in Fact (Printed or typed name and fille)
Phereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of a line of the proper and complete performance of a line of the proper and complete performance of a line of the proper and complete performance of a line of the line of the proper and complete performance of a line of the
By: \subseteq_{L}	04/03/2009
	pature of Registered Agent) (Date)
If signing on be	half of an entity:
	pet, Asst. VP
(1	yped 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)