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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

## REGISTERED AGENT CHANGE

DRS SONETICOM, INC.

Certificate of Status	0
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September 22, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DRS SONETICOM, INC. 1045 S JOHN RODES BLVD WEST MELBOURNE, FL 32904US

SUBJECT: DRS SONETICOM, INC.

REF: P98000019370

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.

You failed to list the current registered agent on the form in part 5(five).

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FAX Aud. #: H09000204929

Letter Number: 609A00030965

Irene Albritton
Regulatory Specialist II

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

Pursuant to the provisions of statement of change is subm	itted for a corporation o	organized under the	laws of the State of	Florida	
	its registered office or r		ooth, in the State of .	Florida.	
<ul><li>i. The name of the corporat</li><li>2. The principal office address</li></ul>	ion: DRS Sonetice	om, Inc. odes Blvd. Wes	t Melbourne Eld	orida 32904	
2. The principal office addre	ess: 1040 C. COMITY	0000 Bit 0., 1100	· moloodilio;	71100 02007	
3. The mailing address (if d	ifferent):				
4. Date of incorporation/qua	alification: March 2	, 1998 Docume	nt number:	P98000019370	
5. The name and street addr Florida Department of St	ess of the current registe ate: (If resigned, enter re	ered agent and registersigned)	ered office on file w	rith the	
James	Kingsley			william)	
1045 SOUTH JOHN RODES BLVD.					
WEST	MELBOURNE FL	. 32904	<del></del>		
6. The name and street addr (if changed):	ess of the new registered	dagent (if changed)	and /or registered of	fice ,	
Corpora	tion Service Compa	nny		_	
1201 Ha	ıys Street	ux NOT soceptable			
Tallahas	see, Florida 32301	an ito i stropizatio			
The street address of its repassion as changed will be identical	ristered office and the s	treet address of the	business office of	its registered agent,	
Such change was authorized by the board, of	d by resolution duly ad the corporation has be	lopted by its board o en notified in writir	of directors or by a ng of the change.	n officer so	
, , , , , , , , , , , , , , , , , , ,	or angeory		oph C. Port, Jr.,		
I hereby accept the appoint I further agree to comply wo of my duties, and I am for abcument is being filed incorporation has been notif	infent as registered age with the provisions of al litar with and accept th rely to reflect a change led in signing of this ch	nt and agree to act I staintes relative to e obligation of my p in the registered of ange.	in this capacity. The proper and co position as register fice address, I here	mplese performance ed agent. Or, if this eby confirm that the	
Sommere of Regis	tered Agent		9/2//S	2009	
	Todd agent				
Typod or Printed	Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, F1. 32314
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