6/15/2015 9:43 6 AM From: Division of rporations



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

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## REGISTERED AGENT CHANGE ADVANCED SYSTEMS RESEARCH, INC.

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**COVER LETTER** 

TO: Amendment Section Division of Corporations

SUBJECT, ADVANCED SYSTEMS RESEARCH, INC.

Name of Corporation

DOCUMENT NUMBER: G63866

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter to the following:

**Marc Sweet** 

Name of Contact Person

Scientific Components Corporation

Firm/Company

13 Neptune Avenue

Address

Brooklyn, New York 11235

City/State and Zip Code

MARC@MINICIRCUITS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Macholz

,516 ,227-6300

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation (	7.0502, 607.1508, or 617.1508, Floric organized under the laws of the State registered agent, or both, in the State (	of Florida
1. The name of t	the corporation; ADVANCED S	SYSTEMS RESEARCH, INC	3.
2. The principal	office address: 13 Neptune Av New York 11235		
3. The mailing a	address (if different):		
4. Date of incom	poration/qualification: 10/06/19	83 Document number: G63	1866
	d street address of the current registoriment of State: (If resigned, enter re	ered agent and registered office on file esigned)	e with the
	REDMOND, KEVIN		
	3399A SW 42ND AVENU	JE	
	PALM CITY, FL 34990		<u></u> .
6. The name and (if changed):	<del></del>	ed agent (if changed) and /or registered	
	1200 South Dine Island (	Pood :	
	Plantation, FL 33324	ox NOTacceptable	
The street addr		street address of the business office	of its registered agent,
73	ras authorized by resolution duly at the board, or the corporation has be use of an obliger or greater	dopted by its board of directors or by ten notified in writing of the change.  Roberta Kaylie, Vice Pres	ident & Secretary
		ent and agree to act in this capacity, il statutes relative to the proper and and accept the obligation of my pos- to reflect a change in the registered of lifted in writing of this change.	
Ni	edle Charinanal	06/12/2015	050
Si	gnatism of Registered Agent	Date	<b>→</b> ✓ .
If signing on b	ehalf of an entity:		F SUM FLANKS
Nicole Chou			<b>S</b> _
	MAKE CHECKS PAYABLE T	IG FEE: \$35.00 * * * TO FLORIDA DEPARTMENT OF STATE ONS, P.O. BOX 6327, TALLAHASSEE, I	IS AM