## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338

: (954)208-0845

Fax Number

\*\*Enter the email address for this business entity to be used for future

Email Address:

annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE VIASAT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

SEP 2 8 2021

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation of in order to change its registered office or re		
1. The name of the corporation: ViaSat, Inc		
2 The principal office address: 6155 El Camino Real,	Carlsbad, CA 92009	
3. The mailing address (if different): 6155 El Camino	Real, Carlsbad, CA 92009	
4. Date of incorporation/qualification: 05/17/2002	Document number: F02000002523	
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	ed agent and registered office on file with the	
CORPORATION SERVICE COMPA	NY	
1201 HAYS STREET		
TALLAHASSEE, FL 32301	agent (if changed) and /or registered office  AN 10:  O. Box NOT accountable	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
CT Corporation System	*	
1200 South Pine Island Road	C T Corporation System  1200 South Pine Island Road	
P.O Plantation, Florida 33324	D. Box NOT acceptable	
The street address of its registered office and the stras changed will be identical.	reet address of the business office of its registered agent,	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so a notified in writing of the change.	
/s/ Robert Blair	Robert Blair, Secretary	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change to corporation has been notified in writing of this change. CT Corporation System	at and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge.	
/s/ Michele Holden	09/13/2021	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Michele Holden, Asst Sect		
Typed or Printed Maine		
* * * 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 (04/13)

By.