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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : , 5510,0,67 AUTHORIZATION COST LIMIT : \$35.00 ORDER DATE : July 15, 2024 ORDER TIME : 9:36 AM ORDER NO. : 551006-392 CUSTOMER NO: 7424433 CHANGE OF AGENT NAME: SATELLITE LOGISTICS GROUP, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the law	vs of the State of Delaware	-
1. The name of t	he corporation: SATELLITE LOGISTIC	S GROUP, INC.		
2. The principal	office address: 360 Westar Boulevard,	Westerville, OH 4	13082	_
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/15/2010	Document n	number: F10000002805	
	I street address of the current registered timent of State: (If resigned, enter resign		d office on file with the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL	33324	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and	,	<u>:</u>
	Corporation Service Company	. ,		
	1201 Hays Street			
	P.O. Bo	x NOT acceptable	 	-
	Tallahassee	FL	32301	۲
The street addre	ss of its registered office and the street be identical.	address of the bus	siness office of its registered ager	ıt,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of dotified in writing o	irectors or by an officer so f the change.	
/s/ Mark Sm	olik	Mark Smolik, S	Secretary	
-	e of an officer or director		d or typed name and title	-
of my duties, and document is bein corporation has	the appointment as registered agent at o comply with the provisions of all sta d I am familiar with and accept the ob- ng filed merely to reflect a change in th been notified in writing of this change n,Service Sampany	uganon of my posi- ie registered office	his capacity. e proper and complete performan tion as registered agent. Or, if th e address, I hereby confirm that th	ice nis he
By: Cl	Mel	08/07/2024		
Sign	ature of Registered Agent		Date	-
f signing on bel	nalf of an entity:			
	Asst. Vice President			
Ty	ped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		