## F11000000891

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #	<del>f)</del>			
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A. BUTLER OCT 1 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000195				
REFERENCE	:	986908 8392470				
AUTHORIZATION	:	Spelle exa				
COST LIMIT	:	( / \				
ORDER DATE : October 3, 2022						
ORDER TIME : 2:01 PM						
ORDER NO. : 986908-015						
CUSTOMER NO: 8392470						
	<b></b>	<b></b>				
CHANGE OF AGENT						
NAME: KAPSCH TRAFFI	נככסו	M USA TNC				
		il oon, inc.				
PLEASE RETURN THE FOLLOWING AS	S PRO	OOF OF FILING:				
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weila	and					
EΣ	(AMI	NER'S INITIALS:				

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

statement of cha	nge is subm	itted for a corporation	7.0502, 607.1508, or 6. organized under the lav egistered agent, or bot	ss of the State o	f_DE	_ <del>_</del>
	4,7	on: KAPSCH TRAFFIC		,		
2. The principal	office addre	ss: 2855 Premiere Parl	xway Suite F Duluth, G	A 30097		<u> </u>
3. The mailing a	ddress (it`di	fferent):				
4. Date of incorp	corporation/qualification: 02/28/2011 Document number: F11000000891					
		ess of the current registrate: (If resigned, enter re	ered agent and registere esigned)	d office on file		
	C T CORP	PORATION SYSTEM			)022 ( 17A	
	1200 SOU	TH PINE ISLAND RO	AD		2022 OCT   FALLAS	آ آ سبس مستدر
	PLANTAT	ION	FL	33324		
6. The name and (if changed):		ess of the new registered no Service Company	d agent (if changed) and	d /or registered o	AM 10: 53	
	1201 Hays	Street			<del></del>	
	120111030		O Box NOT acceptable		_	
	Tallahasse	ee	FL	32301		
as changed will	be identical	•	street address of the bu		-	gent,
Such change wa authorized by th	is authorized ne board, or	by resolution duly ad the corporation has be	lopted by its board of d en notified in writing c	lirectors or by a of the change.	ın ofticer so	
<u> </u>	یع عو	Cience	JILL CILMI		VICE PRES	SIDENT
I hereby accept I further agree to of my duties, and document is bei	o comply w d I am famil ng filed mer	ment as registered age	nt and agree to act in i I statutes relative to the obligation of my posi- in the registered office	ed or typed name and this capacity, e proper and co ition as register e address, I her		rance if this it the
Corporation	Service	Company Color	10/11/2022	Date		
If signing on be	half of an er	ntity:				
	BY, ASST. V	ICE PRESIDENT				

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

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