Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-8390

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCACCCCCCCC Phone : (954)208-0845

Fax Wumber : (614) 573-3936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE RAVE WIRELESS, INC.

| Certificate of Status | () |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu — Corporate Filing Menu



To:

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

| statement of cha | mge is submitted for a corporation orga | 02, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of Delawate tered agent, or both, in the State of Florida. | |
|--|--|---|----------------|
| 1. The name of t | the corporation: RAVE WIRELESS, INC | | |
| 2. The principal | office address: 492 Old Connecticut Path. | 2nd Floor, Framingham, MA 01701 | |
| 3. The mailing a | iddress (if different): Attn: MSI Tax Depa | artment, 500 W Monroe Street, Chicago, IL 60661 | |
| 4. Date of incorp | poration/qualification: 04/09/2012 | Document number: 112000001520 | |
| 5. The name and | | agent and registered office on file with the | |
| | REGISTERED AGENT SOLUTIONS IN | | |
| | 155 OFFICE PLAZA DR., SUITE A | 2023 JAN - SECACIA TALLAH | |
| | TALLAHASSEE, FL 32301 | LAA AN | |
| 6. The name and (ifchanged): | I street address of the new registered age | ent (if changed) and /or registered office | The the second |
| | C T Corporation System | STATE E, FL | |
| | 1200 South Pine Island Road | (Fil. ◆ | |
| | P.O Bo Plantation, Plorida 33324 | x NOT acceptable | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of its registered agent. | |
| Such change wa authorized by th | | d by its board of directors or by an officer so officed in writing of the change. | |
| Knistwod | Knuslia | Kristin L. Kruska Printed or typed name and title | |
| I hereby accept I further agree to of my duties, an document is bei | the appointment as registered agent at | nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this te registered office address, I hereby confirm that the | |
| C T Corporation | System Sas Common Superior | 12/28/2022 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| SEAN L. EMER | ICK, ASSISTANT SECRETARY | | |
| U | yped or Printed Name | | |
| | * * * FILING FI | EE: \$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: