2/2/24, 11:14 AM





Division of Corporations Electronic Filing Cover Sheet

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(((H24000045565 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

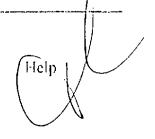
Email Address:

REGISTERED AGENT CHANGE HEMISPHERE GNSS (USA) INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

By:

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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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware

	2 3	registered agent, or both, in the State of Florida.	
1. The name of	the corporation: HEMISPHERE GN	SS (USA) INC.	
2. The principal SCOTTSDALE	l office address: 8515 E ANDERSON	DR	
3. The mailing			
_		Document number: F20000001165	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	INCORP SERVICES, INC.		
	3458 LAKESHORE DRIVE		~ >
	TALLAHASSEE, FL 32312		2024 F-9
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):		agent (if changed) and for registered office	; ; ; ;
	C T Corporation System		
	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·	9: 02
	P. Plantation, Florida 33324	O. Box NOT acceptable	2
The street address changed will	ess of its registered office and the st	reet address of the business office of its registered	agent,
Such change was authorized by the	es authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.	
Emily Sturges		Emily Sturges, Assistant Secretary	
	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ing filed merely to reflect a change i been notified in writing of this cha	Printed or typed name and tale t and agree to act in this capacity, statutes relative to the proper and complete perfor obligation of my position as registered agent. Or n the registered office address, I hereby confirm th nge.	mance if this at the
C 1 Corporation	System Line Service	12/08/2023	
Sign	lature of Registered Agent	Date	
If signing on be	half of an entity:		
Terrie Bates, AS	SISTANT SECRETARY		
Ty	ped or Printed Name		

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