

# F200000002110

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HORNE

NOV 1 / 2023

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**First Consulting**

October 30, 2023

**SENT VIA EXPRESS MAIL**

Registration Section  
FL Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

RE: Cambridge Mobile Telematics, Inc.  
FEIN # 27-1188433  
Document Number F20000002110  
**Officer Update Notification**

Dear Sir or Madam:

We have been retained by Cambridge Mobile Telematics, Inc. to assist in contacting your Office regarding an update in officers.

Please see enclosed the Articles of Amendment packet and the filing fee of \$35.

If you have any questions or need additional information, please call me directly at 816-391-2754.  
Thank you for your assistance.

Sincerely,

FIRST CONSULTING

Lexi Janssen  
Licensing Coordinator  
Email: [lexi.janssen@firstconsulting.com](mailto:lexi.janssen@firstconsulting.com)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, or jurisdiction, for a foreign profit corporation qualified to do business in Florida as required by section 607.1504, Florida Statutes.

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

<b>Filing Fee</b>	\$ 35.00 (Includes a letter of acknowledgment)
<b>Certified Copy (optional)</b>	\$ 8.75
<b>Certificate of Status (optional)</b>	\$ 8.75
- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may call (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Cambridge Mobile Telematics, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F20000002110

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lexi Janssen

\_\_\_\_\_  
Name of Contact Person

First Consulting & Administration

\_\_\_\_\_  
Firm/Company

903 E. 104th Street, Suite 130

\_\_\_\_\_  
Address

Kansas City, MO 64131

\_\_\_\_\_  
City/State and Zip Code

lexi.janssen@firstconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lexi Janssen

816

391-2754

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F20000002110

(Document number of corporation (if known))

1. Cambridge Mobile Telematics, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 05/04/2020

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Anton Ossip	314 Main Street, Suite 1200	<input type="checkbox"/> Add
		Cambridge, MA 02142	<input checked="" type="checkbox"/> Remove
Director	Robert Attwell	314 Main Street, Suite 1200	<input checked="" type="checkbox"/> Add
		Cambridge, MA 02142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Fran Smith

(Typed or printed name of person signing)

CFO, Secretary and Treasurer

(Title of person signing)

**Officers and Directors of Cambridge Mobile Telematics, Inc.**

NAME	TITLE	ADDRESS
William Powers	CEO, President, Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Hari Balakrishnan	CTO, Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Fran Smith	CFO, Secretary, Treasurer	314 Main Street, Suite 1200, Cambridge, MA 02142
Scott Jarr	Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Al McGowan	Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Ram Trichur	Director	314 Main Street, Suite 1200, Cambridge, MA 02142
David Fialkow	Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Faisal Rehman	Director	314 Main Street, Suite 1200, Cambridge, MA 02142
Robert Attwell	Director	314 Main Street, Suite 1200, Cambridge, MA 02142