Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000449911 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 ORBITE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

DEC 1 3 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

15129570210

TO: Amendment Section **Division of Corporations** Orbite Inc. Name of Corporation F21000006704 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Zachary Ysais Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary Ysais

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office of	n organized w	ider the la	ws of the State of	Delaware		
The name of t	he corporation: Orbite Inc.						
2. The principal	office address: 6340 NE WIN	NDERMER	E ROAL)			
	, WA 98105						
	ddress (if different):				. <u> </u>		
4. Date of incorp	poration/qualification: 11/22/2	021 _[Document	number: F2100	000670	4	
	street address of the current registment of State: (If resigned, enter	_	nd registere	ed office on file w	ith the		
	NORTHWEST REC	SISTERE	D AGE	ENT LLC	_		
	7901 4TH STREET N.	SUITE 300			_		
	ST. PETERSBURG,		FL	33702	_	آلال آلالا	2021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						RLIARY OF S AHASSEE, FL	2021 DEC 10 AM
	155 Office Plaza Dr.	S	uite A			S FATE ORID	بي
	Tallahassee	P.O. Box NOT at	3230	1	_)A	12
The street addre	ess of its registered office and the be identical.	street addres	s of the bu	usiness office of it	ts registere	ed agent,	
Such change wa	is authorized by resolution duly a board, or the corporation has b	adopted by its been notified i	board of on writing	directors or by an of the change.	officer so		
isi Jason As	Jaso	Jason Andrews		CEO			
Signatui	_		ted or typed name and I				
aocument is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a cham been notified in writing of this d	ge in the regis	e to act in lative to the of my pos- tered offic	this capacity, ne proper and con sitton as registere re address, I herei	nplete perf d agent. C by confirm	ormance)r, if this that the	
Hode	nature of Registered Agent	12	/09/202	1			
Sign	nature of Registered Agent			Date			
lf signing on bel	half of an entity:						
	Assistant Secretary	_					
Ту	sped or Printed Name						
	* * * FILI	NG FEE: \$3:	5.00 * * *				