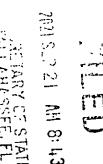
## 96000000420

| (Re                                     | equestor's Name)   | <del></del> |  |  |  |  |
|---|--------------------|-------------|--|--|--|--|
| (Address)                               |                    |             |  |  |  |  |
| (Address)                               |                    |             |  |  |  |  |
| (Cid                                    | ty/State/Zip/Phon  | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL.       |  |  |  |  |
| (Bu                                     | isiness Entity Nai | me)         |  |  |  |  |
| (Document Number)                       |                    |             |  |  |  |  |
| Certified Copies                        | _ Certificate      | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |

Office Use Only



100371494561



St.P

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |
|---|
| REFERENCE : 998168 8352393                      |
| AUTHORIZATION : Truell a                        |
| COST LIMIT : \$ 35.00                           |
| DRDER DATE : September 14, 2021                 |
| DRDER TIME : 2:25 PM                            |
| DRDER NO. : 998168-221                          |
| CUSTOMER NO: 8352393                            |
| ·   |
| CHANGE OF AGENT                                 |
|   |
| NAME - MELEMBAG INC                             |
| NAME: TELETRAC, INC.                            |
|   |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
|   |
| CERTIFIED COPY X PLAIN STAMPED COPY             |
|   |
| CONTACT PERSON: Alexxis Weiland                 |

EXAMINER'S INITIALS:

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

| statement of cha  | mge is sui  | bmitted for a corporat                               | , 617.0302, 607.1308, or 6<br>ion organized under the la  | ws of the State of                | Delaware  |
|---|---|--|---|-----------------------------------|---|
| in orde   | r to chan   | ge its registered office                             | or registered agent, or bot   | th, in the State of I             | Florida.  |
| 1. The name of  | the corpor  | ration: TELETRAC, IN                                 | IC.   |                                   |   |
|   |   |  | rk Boulevard, Raleigh, NC   | 27607                             |   |
| 3. The mailing a  | ıddress (if   | different): c/o Ducha                                | rme, McMillen & Assoc, P  | O Box 80600, Inc                  | dianapolis, IN 46280  |
| 4. Date of incorp   | poration/q  | ualification: 01/25/1                                | 996 Document  | number:F96000                     | 000420  |
|   |   | dress of the current rep<br>State: (If resigned, ent | gistered agent and registere<br>er resigned)  | ed office on file wi              | ith the   |
|   | C T Cor   | poration System                                      |   |                                   | _   |
|   | 1200 Sc   | outh Pine Island Road                                | <u> </u>  |                                   | _   |
|   | Plantati  | on, FL 33324   |   |                                   |   |
| 6. The name and (if changed):   | l street ad   | dress of the new regist                              | tered agent (if changed) and  | d /or registered of               | -<br>fice   |
|   | Corpora   | tion Service Compan                                  | у   |                                   | 267   |
|   | 1201 Ha   | ays Street   |   |                                   |   |
|   |   |  | P.O. Box NOT acceptable   | <del></del>                       | - 77 (2) 44   |
|   | Tallahas  | ssee   | FL  | 32301                             |   |
| The street addre  | ess of its r  | registered office and t                              | he street address of the bu   | isiness office of it              | s registered agent,   |
| Such change wa<br>authorized by th  | s authori<br>e board,                               | zed by resolution duly<br>or the corporation has     | y adopted by its board of one is been notified in writing of  | directors or by an of the change. | office 50   |
| \( \rangle  | رح با   | Were   | Jill Cilmi, Vice  | President                         |   |
| Signatur  | re of an offic                                      | er or director                                       |   | ted or typed name and tit         | lie   |
| i juriner agree i<br>of my duties, an<br>document is bei<br>corporation has | lo comply<br>d I am far<br>ng filed m<br>' been not | with the provisions o                                | agent and agree to act in fall statutes relative to the the obligation of my posinge in the registered office change. | e proper and com                  | iplete performance<br>1 agent. Or, if this<br>by confirm that the |
| By: ()  | SM  | Leil   | 09/21/2021  |                                   |   |
| Sign  | nature of Reg                                       | istered Agent  |   | Date                              |   |
| If signing on be  | half of an  | entity:  |   |                                   |   |
| Ami M. Casper,  | Asst. Vic   | e President  |   |                                   |   |
| Ty  | ped or Printe                                       | ed Name  | <del>-</del>  |                                   |   |

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