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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Bı	ısiness Entity Nan	ne)		
(Document Number)				
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ALLAHASSEE, FLORIDA

16 MAY 12 AM 8: 50

DEPARTMENT OF THE

MAY 1 3 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 139311 7993456

AUTHORIZATION : Smell of one

COST LIMIT : \$(25.00

ORDER DATE : May 11, 2016

ORDER TIME : 10:28 AM

ORDER NO. : 139311-005

CUSTOMER NO: 7993456

CHANGE OF AGENT

NAME: TELIT IOT PLATFORMS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	TELIT IOT PLATFORMS, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	l Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the fol	llowing:			
George A. R	lamirez, Controller					
	Name of Person		-			
Telit IoT Plat	tforms, LLC					
	Firm/Company		-			
5300 Broker	n Sound Blvd, Ste 150					
	Address		-			
Boca Raton,	, FL 33487					
	City/State and Zip Code		-			
	œ@Telit.com		_			
E-mail	address: (to be used for future annu	al report notifica	ation)			
For further in	nformation concerning this matter, p	olease call:				
George A. R	lamirez	847 at (804-4458			
	Name of Person		Area Code & Daytime Telephone Number			
STR	REET/COURIER ADDRESS:	MAI	LING ADDRESS:			
	istration Section		stration Section			
	sion of Corporations		sion of Corporations			
	ton Building		Box 6327			
	1 Executive Center Circle ahassee, Florida 32301	1 2012	hassee, Florida 32314			
Enc	losed is a check for the following a	amount:				
C) \$:	25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy			
INHS18 (2/14	1)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: TELIT IOT PLATE	FORM	IS,	LLC			
2	(a)	5300 Broken Sound Blvd, Ste 150	1	ь) .	5300 Broken Sound Blvd, S	Ste 150		
	(-)	Principal office address of limited liability company:	_ (υ,	Mailing address of limite		compar	 ny:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POS	<u>T OFFIC</u>	E BOX	y .
		Boca Raton, FL 33487			Boca Raton, FL 33487			
			-	_			Mary Mirror State	1941 4 MB-14+ EN 4338 (1948 4)
		01/28/2002			M02000000278			
3.		Date of filing/registration in Florida	4.		Document number			
5	(a)	MidCom Services Inc.						
٥.	(u)	Registered Agent and Registered Office shown on the records of the	e Florid	la D	ept, of State:			
		2850 Blue Spruce Ct.			•			
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRES	C1	 -			
		100000000000000000000000000000000000000	J. J. L. J.	<u> 77</u>				
							16	
		Lake Worth ,FL	33	46	2		MAY	weeps,
							=	L 2
((b)	Corporation Service Company				388	~	PUEV!
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	idn		Haran San	AM	M
						円 _い	Ġ	
		1201 Hays Street				SN SN	C) J)	Name of Street, or other party of the Street, or other party of th
		NEW Registered Office Address:				AU C	0	
		<u>Tallahassee</u> , FL	32301	1	water and the second se			
1f+l	ne li	mited liability company is not organized under the laws	ofthe	. C1	tota of Florido, it is hereby an	- 6-mad	that a	A
the	cha	age or changes are made, the Florida street address of the	he regi	iste	red office and the business of	fice of t	the reg	istered
age	nt w /we	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	ility c	om	pany, it is hereby confirmed to	hat the	change	(s)
the	arti	eles of organization or the operating agreement of the li	mited	lia	bility company.	ei wise þ	N OVIGE	50 111
		414 A Lamin	_		e A. Ramirez			
Si	griati	are of a member or authorized representative of a member			Printed or typed name of	of signee		
I ha pro the to n noti	ereb visio obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po gations of my position as registered agent as provided j by reflect a change in the registered office address, I he in writing of this change.	e to ac erform for in ereby c	t ir nan Ch conj	t this capacity. I further agre ce of my duties, and I am Jam apter 605, F.S. Or, if this doc firm that the limited liability o	e to con iliar wit cument t company	nply wi th and is bein y has t	ith the accept g filed seen
	-	M. Jours			Melissa Zender			
Sig	าสเนา		BY:		sst. Vice President			
		Division of Corporations P.O. Bo	x 632	7●	Tallahassee, FL 32314			

FILING FEE: \$25.00