Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000030023 Phone : (512)418-6949 : (514) 410-02. : (954) 208-0845 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE SATELLITE TRACKING OF PEOPLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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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.

. Na	ame of the limited liability company: SATELLITE TR	LACKING	OF PEOPLE I	LLC		
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	niling address of limit (Note: MAY BE PO	ed liability ST OFFIC	сотпрвлу: <i>E BOX</i>)
	14651 Dallas Pkwy, 6th Floor		360 North Ca	rescent Drive, Sout	h Building	3
	Dailas, TX, 75254		Beverly Hills	s, CA 90210	·····	
	02/15/2005		M0500000083	35		
	Date of filing/registration in Florida	4.	0	Document number	-	
. (a)						
,	Registered Agent and Registered Office shown on the records o	fthe Florida	Dept. of State:			
	NRAI SERVICES, INC					17
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>n</u>		:	TI VOH
	1200 SOUTH PINE ISLAND ROAD		34		-	****
	PLANTATION	33324	<u> </u>		:	t
	PLANTATION, F	L				Et.
.1.						Ç.
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		ä	_
					٠.	S
	C T Corporation System					
	NEW Registered Office Address:					
	1200 South Pine Island Road	,	 			
	Plantation , F	33324				
he cha gent v vas/wi he ary	imited liability company is not organized under the lange or changes are made, the Florida street address a will be identical. Or, in the case of a Florida limited leve authorized by an efficiency vote of the members case of organization or the operating agreement of the	aws of the of the regi liability co of the lin e limited Bar	State of Flor stered office a company, it is litted liability liability comp bara Velasco, A	and the business of hereby confirmed company or as of pany. Assistant Secretary	office of that the herwise p	the registere change(s) provided in
	sture of a member or authorized representative of a member		1	Printed or typed name	e of signee	
l here provis he obi o mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in yriting of this change.	gree to ac e perform led for in I hereby c	t in this capac ance of my di Chapter 605, onfirm that th	city. I further agr uties, and I am fa F.S. Or, if this d he limited liability	ve to con miliar wi ocument compan	nply with the th and accept is being filed y has be e n
otific	or orange System Alfre	d Yo	uhan			
<u> </u>	are of Republicand Apont					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

19542080845 From: Ranae McGraw



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COV	ER LETTER
TO: Registration Section Division of Corporations	
SATELLITE TRACKING OF PEOPLE LLC SUBJECT:	
Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	to the following:
	Γ
Legal Department	
Name of Person	
c/o Platinum Equity Advisors, LLC	
Firm/Company	—————————————————————————————————————
360 North Crescent Drive, South Building	
Address	• •
Beverly Hills, CA 90210	
City/State and Zip Code	
csaucedo@platinumequity.com E-mail address: (to be used for future sinual repor	, –
For further information concerning this matter, please ca	ali:
at (310 228-9678
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
□ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	