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(Add	ress)	
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(Civ.)	(State) (Tim/Disease	40
(City.	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
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NOV 1 5 2021 IALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 160750 7542693

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 22, 2021

ORDER TIME : 10:12 AM

ORDER NO. : 160750-045

CUSTOMER NO: 7542693

*----

FOREIGN FILINGS

NAME: GOGO LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it	appears on the records of the Florid	a Department of
State: Gogo LLC		
Enter new principal office address, if applic	eable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this lim	nited liability company is: M070000	004986
Jurisdiction of its organization: DE		
4. Date authorized to do business in Florida	a:	
SECTION II (5-9 complete only the appli	icable changes)	
5. New name of the limited liability compa	ny: Intelsat Inflight LLC (must contain "Limited Liability (Company. " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name a copy of the written consent of the managers must contain "Limited Liability Company,"	or managing members adopting the	
6. If amending the registered agent and/or re registered agent and/or the new registered or	egistered officer address on our reco	ords, enter the name of the new
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Flor	ida Street Address
	2	Florida
	City	Zip Code
New Registered Agent's Signature, if chang I hereby accept the appointment as registere the provisions of all statutes relative to the p and accept the obligations of my position as document is being filed to merely reflect a c liability company has been notified in writing	ed agent and agree to act in this cap proper and complete performance of s registered agent as provided for in change in the registered office addre	f my duties, and I am familiar with Chapter 605, F.S. Or, if this

<u>Name</u>	Address Type	pe of Action
Tracy Lundquist	7900 Tysons One Pl., McLean, VA 22102	≣Add
		□Remo
VP, Commercial Legal Affairs Saumil Mehta	111 N. Canal St. Ste. 1500	≣Add
	Chicago, IL 60606	□Remo
Aaron Shourie	7900 Tysons One Pl., McLean, VA 22102	■Add
Pres		□Remo
Commercial Aviation John Wade	111 N. Canal St. Ste. 1500	⊟ Add
	Chicago, IL 60606	□Remo
Stephen Bacica	7900 Tysons One Place	■Add
	McLean, VA 22102	□Remo
	Saumil Mehta Aaron Shourie John Wade	Tracy Lundquist 7900 Tysons One Pl., McLean, VA 22102 Saumil Mehta 111 N. Canal St. Ste. 1500 Chicago, IL 60606 John Wade 111 N. Canal St. Ste. 1500 Chicago, IL 60606 Chicago, IL 60606

Filing Fee: \$25.00

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GOGO LLC", FILED A

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INTELSAT

INFLIGHT LLC" ON THE FIRST DAY OF DECEMBER, A.D. 2020, AT 2:29

O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204492171

Date: 10-22-21