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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE FMC GLOBALSAT, INC.

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From: David The

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	_
	the corporation: FMC GLOBALSAT	•	
		,#302, FORT LAUDERDALE, FL 33301	
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 4/19/2017	Document number: P17000088208	
	d street address of the current registe rtment of State: (1f resigned, enterres	red agent and registered office on file with the signed)	
	COTREL, EMMANGEL		
	1200 E Las Olas Blvd, #302		2024 AUG
	FORT LAUDERDALE, FL 33301		
6. The name and (ifchanged):	d street address of the new registered	agent (if changed) and /or registered office	12 PM12:2
	C T Corporation System		5:5
	1200 South Pine Island Road		7
	P.	O. Box NOT neceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its registered a	gent.
Such change wa	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
Hethry Tes	z.k	Kathryn McBride	
Signatu	re of an officer or disector	Printed of typed name and little	
I further agree of my duties, an document is bei	s been notified in writing of this cha	statutes relative to the proper and complete perform cobligation of my position as registered agent. Or, i in the registered office address. I hereby confirm the	nance if this it the
C. I Corporation	Matala Picken,	8/12/2024	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Natalie Pickens,	Assistant Secretary		
Ţ	yped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: