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(((H23000014266 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

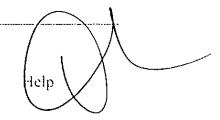
**Enter	the	email a	address	for	this	busin	ess	entity	to	be	used	for	futu	re
an	nual	report	mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	• •	<del>-</del> -

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## REGISTERED AGENT CHANGE 3G RADAR US, INC.

Certificate of Status	O
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

G RADAR US, INC. Name of Corporation DOCUMENT NUMBER

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
F-mail address: (to be used for future annual report r	otificat

For further information concerning this matter, please call:

at ( 888 ) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04°L3)

H23000014266 3

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

	provisions of sections 607.0 unge is submitted for a corp							
	r to change its registered o <sub>j</sub>						-	
1. The name of i	the corporation: 3G RA	DAR US, IN	IC.				_	
2. The principal	office address: 100 SC	OUTH POIN	TE DR	IVE, APT	1606			
	Beach, FL 33139						_	
	address (if different): $\underline{P.O}$							
4. Date of incorp	poration/qualification: 12	/12/2018	Document	. number: <u>P180</u>	)001 <u>00</u>	<u>443</u>		
	I street address of the current rtment of State: (If resigned		nd register	ed office on file w	vith the			
	BLUMBEREXCELS	SIOR CORPOR	RATE SI	ERVICES,INC		2023		
	155 Office Plaza Dr.		1st Floor			2023 FEB	T	
	Tallahassee		FL	32301	AHAS	3-3	**************************************	
6. The name and (if changed):	street address of the new r	•	-	•	SEC FL	8t 15		
	155 Office Pla	za Dr. S	Suite /	Д				
	Tallahassee	P.O. Box NOT a	323	01	<del>_</del>			
The street address changed will	ess of its registered office a be identical.	and the street address	ss of the b	usiness office of i	its registere	d agen	it,	
Such change wa authorized by th	as authorized by resolution he board, or the corporation	duly adopted by its n has been notified	s board of in writing	directors or by ar of the change.	n officer so			
s/ Flavio		F <u>la</u>	Flavio Montini			Authorized Person		
I hereby accept I further agree of my duties, an document is bei corporation has	to of an officer of director  the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a s been notified in writing o	ms of all statutes re ecept the obligation change in the regi	re to act in Plative to t In of my po	this capacity, he proper and con- sition as register	mplete perf ed avent. (	orman )r, if th that th	ce his he	
Hocken	zidt -	1/	11/202	23				
Sig	nature of Registered Agent			Date				
If signing on be	half of an entity:							
Mackenzie Hart,	Assistant Secretary							
T	yped or Printed Name							
	* * *	FILING FEE: \$3	5.00 * * *					

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