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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Account Number : FCA000000923 : (614)280-3338 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE INMARSAT SOLUTIONS (US) INC.

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

Pursuant to the provisions of sections 607,0502, 617,0 statement of change is submitted for a corporation or, in order to change its registered office or reg	ganized under the laws of the State of Delawate
I. The name of the corporation: Inmarsat Solutions (US	i) Inc.
2. The principal office address: 901 K Street NW, Suite	400
Washington, D.C., 2000	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/30/1990	Document number: P29123
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPAN	(Y
1201 HAYS STREET	2024 F
TALLAHASSEE, FL 32301	2024 FEB 23
6. The name and street address of the new registered at (if changed):	gent (if changed) and /or registered office
C T Corporation System	デッ
1200 South Pine Island Road	
P.O. 1	Box NOT acceptable
Plantation, Florida 33324	
The street address of its registered office and the stre as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopath orized by the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Kain Korozec	KARA KOROSEC, PRESIDENT
of my duties, and Lam familiar with and accept the o locument is being filed merely to reflect a change in corporation has been notified in writing of this chang	Proted or typed name and title and agree to act in this capacity, antites relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the tee.
C T Corporation System	02/20/2024
CT Corporation System Signature of Registered Agent	Date
f signing on behalf of an entity:	
SEAN L. EMERICK, ASSISTANT SECRETARY	
Typed or Printed Name	

* * * FILING 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: