

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Yvonne Mender
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321) 727-8100
Fax Number : (321) 984-4122

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

Email Address: cshenk @ satcomdirect.com

RECEIVED
13 MAR 18 AM 8:02
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
SATCOM DIRECT COMMUNICATIONS, INC.

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Corporate Filing Menu

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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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Satcom Direct Communications, Inc.
2. The principal office address: 201 N. Union Street, Suite 370
Alexandria, VA 22314
3. The mailing address (if different): Same

4. Date of incorporation/qualification: June 30, 2003 Document number: P03000073814

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James W. Jensen
1901 Highway A1A
Indian Harbour Beach, FL 32937

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John R. Kancilia
1795 West Nasa Boulevard
P.O. Box NOT acceptable
Melbourne, FL 32901

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

James W. Jensen, Director
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

3-13-13
Date

If signing on behalf of an entity:

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
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