Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004134743)))



H2300041347434BC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

mail	Address:	

## REGISTERED AGENT CHANGE SATELLITE SHELTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

123 DEC -4, PH 1: 05

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

•				
Subject: Satellite Shelters, I	nc.			
Name of Corporation			_	
DOCUMENT NUMBER: F07000002	198		_	
The enclosed Statement of Change of Registered Of	ffice/Agent and fe	e are submitted for	filing.	
Please return all correspondence concerning this ma	itter to the followi	ing:		
Lori Whalen				
Name of Contact Person			~	
Registered Agent Solutions, Inc.			2023 DEC -4	
Firm/Company	·		P. P.	j.
Corporate Center One, 5301 Southwest Pkwy, Ste 400				
Address				
Austin, Texas 78735			% ≥ \	}
City/State and Zip Code	7.0 2		AH 9: 27	γ,
E-mail address: (to be used for future annual rep	port notification)	)	27	
For further information concerning this matter, pleas	se call:			
Lori Whalen	at ( <sup>888</sup>	705-7274		
Name of Contact Person	Area Co	de & Daytime Tele	ephone Number	

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 (04/13)

H23000413474 3

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

statement of cha	provisions of sections 60 inge is submitted for a co er to change its registered	rporation organized	under the la	ws of the State of	Wyoming	
	the corporation: Satellit office address: 2530 X			INEAPOLIS, N	лN 55441	
3. The mailing a	iddress (if different): 253	0 XENIUM LANE N	ORTH STE	150 MINNEAPOL	.IS, MN 55441	
4. Date of incorp	poration/qualification: 4/	24/2007	Document	number: F0700	0002198	
5. The name and Florida Depar	I street address of the currentment of State: (If resigned	rent registered agent ed. enter resigned)	and registere	ed office on file wi	ith the	
	TRAC - THE RE	GISTERED A	GENT C	OMPANY		
	236 E.6th Avenue				. 23	
	Tallahassee		FL	32303	2023 DEC -4	źw
6. The name and (if changed):	SSE SSE	Ì				
	Registered Age 2894 Remington	· · · · · · · · · · · · · · · · · · ·	·	<del></del> -	9: 21 Pro 21	
	Tallahassee	P.O Box NOT	acceptable 32308	3	-	
-	ess of its registered office be identical.					
Such change wa authorized by th	is authorized by resolution to board, or the corporation	on duly adopted by i on has been notified	ts board of d in writing o	lirectors or by an of the change.	officer so	
/s/ Jaclyn	Wright	Jac	lyn Wrigh	t	Authorized Perso	חכ
l hereby accept i I further agree to of my duties, and document is bein	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	ions of ait statutes r accept the obligatio a change in the regi	ee to act in t	this canacity	•••	
Ma	ما الله منوام	12	2/4/2023			
_	nature of Registered Agent			Date		
If signing on bel	half of an entity:					
	r, Assistant Secretary	<del></del>				
• • • • • • • • • • • • • • • • • • • •	•	* FILING FEE: \$3	35.00 * * *			