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(Re	equestor's Name)				
(Ac	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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Special Instructions to	Filing Officer:				
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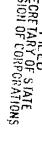
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## **COVER LETTER**

Division of Corporations	
SUBJECT: INTOSAT LLC	
	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Forrest Sygman	
(Name of Person)	
Forrest Sygman, P.A.	·,
(Firm/Company)	20 20
8603 S. Dixie Highway, Suite 30	)3 See See See See See See See See See Se
(Address)	2006 NOV 29
	29 FR
Miami, Florida 33143	DRPC OF PC
(City/State and Zip Code)	AM 11: 03
	03 03
For further information concerning this m	atter, please call:
Forrest Sygman	at (305) 661-8955
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability comp	any is: INTOSAT LI	LC		·	
2. The mailing address of	f the limited liab	oility company is: 10	0485 NW 37 Terra	ice	*	
Miami, Florida 33178						
305-05-2003			L03000008127			
3. Date of filing/registration in Florida		<del></del>	4. Document number			
5. The name of the register Florida Department of		ne registered office a	ddress as shown on	the records of	the	
•	Roberto Fe					
	4040E NIM S	Name				
	10485 NW 3	Address				
	Miami, Florid				_	
		City, State and Zip	)	200	SE	
6. The name and address of the new registered agent and/or office:			2006 NOV 29	CRET		
Forrest Sygman				29	ARY F CC	
	0000 C Divi	Name	202	2	걸유[	
8603 S. Dixie Highway, Suite 303  Florida street address (P.O. Box NOT acceptable)		AM 11: 03	STA			
	riorida street	address (P.O. Box N	Of acceptable)	ë	TE	
	Miami	FL 3314	3	<b>ω</b>	·76 .	
		City, State and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or change the registered a reby confirmed nited liability co nt of the limited	es are made, the Floringent will be identicated that the change(s) was otherwill in the company.	ida street address of 1. Or, in the case of as/were authorized l	the registered a Florida limi by an affirmati	office ted ive vote	
(Signature of a member or author	•	r a mgmber)	•			
(Printed or typed name of signee)	NANDEZ					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if a address, I hereby confirm (Signature of Registered Agent)		tered agent and agre relative to the prope igations of my posit being filed to merel liability company h	ee to act in this capa er and complete perf ion as registered ago y reflect a change in as been notified in w	city. I further formance of my ent as provided the registered vriting of this c	agree to y duties, 1 for in 1 office change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314