L09000033239

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H09000133381 3)))

H090001333813ABC

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 : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -2 AM 8:31

REGISTERED AGENT CHANGE

SATELLITE BIZ LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$43.75

2009 JUN -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD
JUN - 3 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SATELLITE BIZ LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE BARINAS
Name of Person

BARINAS & ASSOCIATES, INC.
Firm/Company

5701 NW 36 ST
Address

MIAMI, FL 33166
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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 following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company: SATELLITE BIZ LLC

2. (a) Principal office address of limited liability company: 824 N. MILLS AVE

☑ *(Note: MUST BE STREET ADDRESS)*

ORLANDO, FL 32803

(b) Mailing address of limited liability company: 824 N. MILLS AVE

☑ *(Note: MAY BE POST OFFICE BOX)*

ORLANDO, FL 32803

APRIL 06, 2009 — 3. Date of filing/registration in Florida

L09000033239 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: GERARDO WILHELM

Registered Office Address: 11481 NW 81 LANE

MIAMI, FL 33178

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address: 824 N MILLS AVE
(MUST BE FLORIDA STREET ADDRESS)

ORLANDO L32803

09 JUN -2 AM 8:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

GERARDO WILHELM
Printed or typed name of signee

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

(NHSIX (05/08)