

L110000009355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend form

11/24

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020-11-16 12:17

November 16, 2020

CARA CASSAVOY
1050 SATCOM LANE
MELBOURNE, FL 32940

SUBJECT: NDTHOST, LLC
Ref. Number: L11000009355

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK
OPS

Letter Number: 820A00022969

1. 2. 3.

TO: Registration Section
Division of Corporations

SUBJECT: ndtHost, 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:

Cara Cassavoy

Name of Person

Satcom Direct, Inc.

Firm/Company

1050 Satcom Lane
_____ Address

Melbourne, FL 32940

City/State and Zip Code

ccassavoy@satecomdirect.com

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

For further information concerning this matter, please call:

Cara Cassavoy at (321) 525-4504

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$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 605.0114 or 605.0116, 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: ndtHost, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8635 Holiday Springs Road

1050 Satcom Lane

Melbourne, FL 32940

Melbourne, FL 32940

01/24/2011

L11000009355

3. 01/24/2011 Date of filing/registration in Florida 4. L11000009355 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67th Court North

Loxahatchee, FL 33470

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

Mark Consigli

NEW Registered Office Address:

1050 Satcom Lane

Melbourne, FL 32940

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]
Signature of a member or authorized representative of a member

Zachary Conter, CFO

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 relative 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 605, 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]
Signature of Registered Agent

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

FILED
2020 NOV 24 P 3 44
CLERK OF STATE
TALLAHASSEE, FLORIDA