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(Business Entity Name)				
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SCORETARY OF STATE
ALLAHASSEE, FLORIDA

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JUL 20 2015 D CONNELL Division of Corporations

March 31, 2015

ALEX SIMSER SATCOM DIRECT, INC. 1901 HIGHWAY A1A SATELLITE BEACH, FL 32937 US

SUBJECT: SATCOM DIRECT HOLDING COMPANY, LLC

Ref. Number: L11000109031

We have received your document for SATCOM DIRECT HOLDING COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal office address must be listed in section 2(a).

The mailing address must be listed in section 2(b).

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.

Tina D Carter Regulatory Specialist

Letter Number: 115A00006364

Division of Companytions D.O. DOV 6207 Tallaharasa Elavida 2001.

COVER LETTER

Division of Corporations	•
SUBJECT: SATCOM DIRECT HOLDING C	OMPANY, LLC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ALEX SIMSER	
Name of Person	
SATCOM DIRECT, INC.	
Firm/Company	
1901 HIGHWAY A1A	
Address	
SATELLITE BEACH, FL 32937	
City/State and Zip Code	
LEGAL@SATCOMDIRECT.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	se call:
ALEX SIMSER	321 525-4617
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 amo	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	•

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. N	lame of the limited liability company: SATCOM DIF	RECT HOL	DING COMPANY, LLC
2. (a)	1001 MCHWAY A4A	(b)	1901 HIGHWAY A1A
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	INDIAN HARBOUR BEACH, FL 32937		INDIAN HARBOUR BEACH, FL 32937
	09/23/2011	L.	11000109031
3.	Date of filing/registration in Florida	_{4.}	Document number
5. (a)	, KANCILLA, JOHN R		
	Registered Agent and Registered Office shown on the records o 1795 West Nasa Blvd. Registered Office Address (MUST BE FLORIDA STREET)		Dept. of State:
	Melbourne , F	L329	15 JU
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered 17888 67th Court North	d Office addr	FSTA
	NEW Registered Office Address:		
	Loxahatchee	L 334	70
the cha agent was/w the art Signa I here provisthe obit to mer	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the atture of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of any position as registered agent as provided by reflect a change in the registered office address, I din writing of this change. On behalf of Incorp	of the registe liability com of the limited lial elimited lial elimited lial elimited lial elimited for in Challed for in Chal	red office and the business office of the registere pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Mark Whiteon Secretary Printed or typed name of signee or this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acceptanter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signatu	ure of Registered Agent		

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