## 41000109031

(Red	questor's Name)	<del></del>
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		11/24

Office Use Only



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DEC 0 2 2020 D COMMELL



11/24/2h

## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2020

CARA CASSAVOY 1050 SATCOM LANE MELBOURNE, FL 32940

SUBJECT: SATCOM DIRECT HOLDING COMPANY, LLC

Ref. Number: L11000109031

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.

Letter Number: 720A00022969

JEARLD H QUICK OPS

www.sunbiz.org

## COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Satcom Direct Holding Comp	pany, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	ited Lial	bility Company
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Register	ed Office Chang	ge and fe	ee(s) are submitted for filing.
Please returi	ı all correspondence conceri	ning this matter	to the fo	llowing:
Cara Cassavo	òÀ			
	Name of Person	)	<del></del>	_
Satcom Direc	et. Inc.			
	Firm/Company			-
1050 Satcom	Lane			
	Address			-
Melbourne, F	IL 32940			
	City/State and Zip (	Code		-
ceassavoy@s	atcomdirect.com			
E-mail	address; (to be used for futi	ire annual repor	t notifica	ition)
For further i	nformation concerning this	matter, please ca	ıll:	
Cara Cassavo	, y	32 at (	1	525-4504
	Name of Person	\		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section distration of Corporations distraction of Box 6327 distraction of Section of Corporations distraction of Section of Sect			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the foll	lowing amount:	:	
<b>□</b> \$	25 Filing Fee		<b>□</b> \$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.

. (a)		(	b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1050 Sateom Lane		1050 Sate	om Lane	
	Melbourne, FL 32940		Melbourn	e, FL 32940	
	09/23/2011		L11000109	031	
•	Date of filing/registration in Florida	4.		Document number	
. (a)					
(4)	Registered Agent and Registered Office shown on the records Incorp Services Inc.	of the Floric	a Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u> </u>	_	
	17888 67th Court North		<u> </u>	<b>QD</b>	
	Loxahatchee	FL_33470		FIL.	
				V 2	
(b)				- r i	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office a	<u>idress</u> :	,	
	Mark Consigli			GINED STATE.	
	NEW Registered Office Address:		·	- <del>-</del>	
	1050 Satcom Lane		_		
	Melbourne	32940	_		
	<del></del>	l.1"		-	
iange gent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member teles of organization or the operating agreement of the operating agreement operating agreement of the operating agreement of the operating agreement operating agreement of the operating agreement oper	he register liability e s of the lir	ed office ar ompany, it i nited liabili	ad the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in	
	a lot	Zac	hary Conter,	CFO	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
'ovisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide of vertient a change in the registered office address.	te perform ded för in	ance of my Chapter 60,	duties, and I am familiar with and accep	
mcr	Vin writing of this charge.	•			

**FILING FEE: \$25.00** 

INHS18 (2/14)