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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.	Na	me of the limited liability company: SATFAM 7137, LI	c						
2. (a	a)	C/O JOHN SATRIALE	ſ	ъ)	C\O 10HM	SATRIALE			
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,,			Sailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		19 COURT STREET, SUITE 202				STREET, SU			
		WHITE PLAINS, NY 10601	_		WHITE PLA	LAINS, NY 10601			
		09/06/2019		L	1900022601	5			
 (a)	Date of filing/registration in Florida	4.		ľ	Document nu	mber	202	
J. {	<i>a j</i>	Registered Agent and Registered Office shown on the records of the	Florid	la D	ept. of State:		17 V	1 MAY 20	
		INCORPORATING SERVICES, LTD.					注至	72	1
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1540 GLENWAY DRIVE					10 S.V.		
		TALLAHASSEE ,FL 3	2301				STAT	PM 4: 50	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> INCORPORATING SERVICES, LTD.	ffice ad	ldr	<u>t11</u> :				
		NEW Registered Office Address:							
		1540 GLENWAY DRIVE							
		TALLAHASSEE, FL_3	2301	_					
agent was/the a	ge t w we rtic	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the set organization or the operating agreement of the limited of a member or authorized representative of a member	gistere lity co he lim nited l	ed omi iite lial	office and to pany, it is had liability compared to the compar	the business of the confirmation of the company or the company or the company or the company.	office of th med that th as otherwis	e regist e chan e provi	ered
<u>(S)</u>	N.	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for the reflect a change in the registered office address, I here in writing of this change.			this capaci se of my du apter 605, I irm that the	ity. I further ties, and I ar F.S. Or, if th e limited liab	agree to confamiliar vis documentity compa		vith the d accept ng filed been