

PD3000073814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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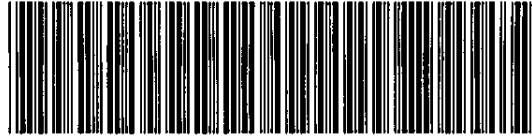
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
HALL ANDERSON FLORENCE

MAR 20 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Satcom Direct Communications, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P03000073814

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Simser

Name of Contact 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 report notification)

For further information concerning this matter, please call:

Alex Simser

Name of Contact Person

at ( 321 ) 525-4617

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SATCOM DIRECT COMMUNICATIONS, INC.
2. The principal office address: 201 N. UNION STREET SUITE 370  
ALEXANDRIA, VA 22314
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/30/2003 Document number: P03000073814
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KANCILLIA, JOHN R

1795 West Nasa Blvd

Melbourne, FL 32901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

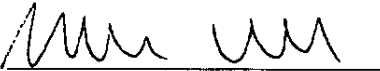
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Mark Whitson, Secretary  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

March 16, 2015

Date

If signing on behalf of an entity:

Natalie Bales on behalf of Incorp Services, Inc.

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

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