P04000124276

(Requesto	or's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SATELCOMM CORP (Name of Corporation)
DOCUMENT NUMBER: P04000124276
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:
NOE LEON (Name of Contact Person)
(Firm/Company)
4995 N.W 72nd Ave #205
(Address)
MIAMI, FL 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
NOE LEON at (786) 2534337
NOE LEON at (786) 2534337 (Name of Comact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

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

CR2E045 (8/05)

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

statement of	change is submitted for a corpor	02, 617.0302, 607.1308, or 617.1308, Florida Statilles, in ation organized under the laws of the State of <u>FLORIDA</u> ce or registered agent, or both, in the State of Florida.	
	of the corporation: SATELCOM	•	
	ipal office address: 4995 N.W 72		
3. The maili	ng address (if different):	•	
4. Date of in	corporation/qualification: 08/23/	2004 Document number: P04000124276	
	and street address of the current epartment of State:	registered agent and registered office on file with the	五紫
	NAVAJAS, PAMELA		L C
	4995 N.W 72nd Ave #	205 MIAMI, FL 33166	HASSE
6. The name (if change	d):	sistered agent (if changed) and /or registered office	HASSEE, FLORIUM
	NOE LEON		,
	4995 N.W 72nd Ave # (P.O. Box.)	205 MIAMI, FL 33166 NOT acceptable:	
		d the street address of the business office of its registere	
Such change anthorized b	e was authorized by resolution d by the board, or the corporation I	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
rample	graph of air officer or futerior)	PAMELA Y. NAVAJAS. REGISTERED /	AGENT
I hereby acc I further agr of my duties document is corporation	rept the appointment as registers rec to camply with the provision rand I am familiar with and accident hierarchy to reflect a c. thas been notified in writing of the control of the cont	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete perf cept the obligation of my position as registered agent. C hange in the registered office address, I hereby confirm his change.	ormance)r, if this that the
/ VU	K-FROD -	11/16/2004	
If signing or	(Bighafare of Registered Agent) 1 behalf of an entity:	(Date)	
	(Typed or Printed Name)		
	* * * *	TI INC CEC. 625 On 4 + 4	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)