P13000051656

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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AUG - 9 2013

T. BROWN

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Direct Satellite Services Inc

Name of Corporation

DOCUMENT NUMBED.

P13000051656

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:

John Mashtare Sr.

Name of Contact Person

Direct Satellite Services Inc

Firm/Company

1648 Taylor Rd Suite 13久

Address

Port Orange, Florida 32127

City/State and Zip Code

brotherandsisteraccounting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Mashtare

,315

525-6281

Name of Contact Person

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

statement of che	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	this	-
1. The name of	the corporation: Direct Satellite	e Services Inc		
2. The principal	office address: 1648 Taylor R	d Suite 132 Port Orange, Fl. 3212	7	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/14/20	13 Document number: P130000516	356	
	d street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	B&S Accounting & Tax S	Service LLC		
	3			
	Orange Park, Fl. 32073		ب	a. S
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	IS AUG -	ECRETA SION OF
	John Mashtare Sr.		6 PH	COR COR
	1648 Taylor Rd Suite 13	2	<u>ာ</u>	P081
	P.O. Box NOT acceptable Port Orange, Florida 32127		5	ATTO V
The street addr	ess of its registered office and the store be identical.	treet address of the business office of its register	red ager	nt,
Such change w authorized by t	as authorized by resolution duly ado ne board, or the corporation has bee	opted by its board of directors or by an officer some notified in writing of the change.	ɔ	
1		President		_
Thereby accept I further agree performance of agent, Or, if th	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	statutes relative to the proper and complete and accept the obligation of my position as regis preflect a change in the registered office addres	stered 's, I	
Sig	nature of Registered Agent	07/30/2013		-
	half of an entity:	Date		
т	yped or Printed Name			

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