

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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P. Verrier

COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT: AIRPORT SATELLITE INC

Name of Corporation

DOCUMENT NUMBER.

P16000019692

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:

ROGER RAMIREZ

Name of Contact Person

AIRPORT SATELLITE INC

Firm/Company

112 AIRPORT LANE

Address

KISSIMMEE, FL 34741

City/State and Zip Code

glogoh@hotmail.com

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

For further information concerning this matter, please call:

ROGER RAMIREZ

Name of Contact Person

363 (327-65

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

CR2E045 (03/12)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized | d under the laws of the State of FLO | RIDA |
|---|---|---|-----------------------|
| | r to change its registered office or registered | - | ła. |
| 1. The name of t | he corporation: AIRPORT SATELLI | TE INC | |
| | office address: 112 AIRPORT LANE | | |
| | ddress (if different): 112 AIRPORT LA | ANE | |
| 4. Date of incorp | poration/qualification: 02/29/2016 | _ Document number: P1600001 | 19692 |
| 5. The name and | street address of the current registered agent tment of State: (If resigned, enter resigned) | | |
| | MARIANGELA L GADEA | | |
| | 112 AIRPORT LANE | | |
| | KISSIMMEE, FL 34741 | * | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | |
| | ROGER RAMIREZ | | <u> </u> |
| | 112 AIRPORT LANE | | , |
| | KISSIMMEE, FL 34741 | nable | · _ # |
| The street addre | ss of its registered office and the street addr be identical. | ress of the business office of its regi | stered agent, |
| Such change was authorized by the | s authorized by resolution duly adopted by e board, or the corporation has been notified | its board of directors or by an office d in writing of the change. | er so |
| - Sognath | e of an officer or director | Printed or typed name and title | Dena. |
| I hereby accept if further agree to performance of agent Or, if this hereby confirm t | the appointment as registered agent and ag o comply with the provisions of all statutes my duties, and I am familiar with and accep is document is being filed merely to reflect a that the corporation has been notified in wr | ree to act in this capacity. relative to the proper and complete it the obligation of my position as re i change in the registered office ada iting of this change. | egistered Iress, I |
| -Sign | ature of Registered Agent | 05 ¹ 25 ¹ 7 | |
| If signing on bel | | | |

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