## P21 000072663

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(Address)
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## COVER LETTER -

TO: Amendment Section •
Division of Corporations

NAME OF CORPO	DRATION: SD FINANCE, INC	~ ·			
DOCUMENT NUM	P21000072663				
The enclosed Article	es of Amendment and fee are sul	omitted for filing.			
Please return all corr	respondence concerning this mat	ter to the following:			
	Drew Haggard				
	Name of Contact Person				
	Satcom Direct Finance, Inc.				
	Firm/ Company				
	1050 Satcom Lane				
	Address				
	Melbourne, FL 32940				
	City/ State and Zip Code				
	legal@satcomdirect.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Drew Haggard		at (	de & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Nu			de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR -3 AH 10: 16

SD FINANCE, INC.

(Name of	Corporation as currently	filed with the Florida Dept. of Stafe)
P21000072663		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:	
Satcom Direct Finance, Inc.		The new
	rp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if	applicable:	N/A
(Principal office address <u>MUST BE A STE</u>		
C. Enter new mailing address, if applica	able:	NIA
(Mailing address MAY BE A POST OF	FFICE BOX)	N/A
D. If amending the registered agent and/ new registered agent and/or the new i		ess in Florida, enter the name of the
	N/A	
Name of New Registered Agent		
<u> </u>		
	(Florida stre	et address)
New Registered Office Address:	√A 	Florida
	(1)	City) (Zip Code)
New Registered Agent's Signature, if cha	inging Registered Agent:	
I hereby accept the appointment as registere	ed agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Re-	gistered Agent, if changing
	ingraduc ty ned Ne	Construction, of countries

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

X Change	<u> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Α	onal sheets, if necessary	). (Be specific)			
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	<u>aent provides for an ex</u>	change, reclassification.	or cancellation of	ssued shares,	
lf an amendn	or implementing the an	nendment if not contain	<u>ed in the amendme</u>	nt itself:	
provisions fo	oplicable, indicate N/A)				
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	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N/. Effective date <u>if applicable</u> :	<b>A</b>	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amout ficient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv N/A	<i>;</i> •	
•	(voting group)	
March 2, 1	2022	
Dated		
Signature	Son M. /	
(By a c	director, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Drew Haggard	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	