## 000055120

(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:				

Office Use Only



900209664889

07/11/11--01010--006 \*\*35.00

R.A.
TBrown 7-13-11

## Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617)742-8484 Fax: (617)742-8482

July 8, 2011

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name: SATURN TELECOMMUNICATION SERVICES INC.

Please file the attached Corporate filing upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Suzanne Cryan

## **COVER LETTER**

	Amendment Section Division of Corporations	•		
SUBJECT: Saturn Telecommunication Services Inc.  Name of Corporation				
DOCUM	ient number: P94(	000055120		
The enclo	osed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	•	•		
Vanna Seng				
Name of Contact Person				
BAY STATE CORPORATE SERVICES, INC.				
Firm/Company				
G DEACON ST #510				
6 BEACON ST. #510 Address				
BOSTON, MA 02108				
BOSTON, MA 02108 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
		, w		
For further information concerning this matter, please call:				
	Vanna Seng Name of Contact Person	at (617)		
	Name of Contact Leison	Thea code & Baytime Pelephone Ivamoet		
Enclosed	is a \$35.00 check made payable to the Depart	ment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	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 corporation organized under the laws of the Statement of change its registered office or registered agent, or both, in the Statement of change its registered office or registered agent, or both, in the Statement of the Sta	e of FL
1. The name of the corporation: Saturn Telecommunication Services II	nc.
2. The principal office address: 12233 SW 55 St. Suite 811  Cooper City, FL 33330	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/25/1994 Document number:	P94000055120
5. The name and street address of the current registered agent and registered office on fi Florida Department of State: (If resigned, enter resigned)	le with the
CT Corporation System	
1200 S Pine Island Rd	70 20
Plantation, FL 33324	EG E TI
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	ETARY OF STA
NRAI Services, Inc.	FLORE STAT
515 East Park Avenue	#5.5 53
P.O. Box NOT acceptable · Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office as changed will be identical.	e of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or lauthorized by the coard, or the corporation has been notified in writing of the change	by an officer so e.
Tiffani Abbott, Sr. Co	unsel & Ass. Sec.
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 of my duties, and I am familiar with and accept the obligation of my position as registed accument is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.  NRAI Services, Inc.  by MMM	y d complete performance stered agent. Or, if this hereby confirm that the
Signature of Registered Agent  If signing on behalf of an entity:	
Suzanne T Cryan, Assistant Secretary  Typed or Printed Name	

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