

111000001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

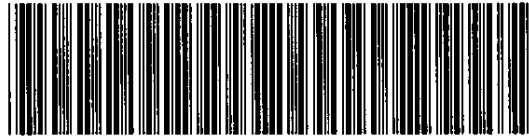
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OCT 31 2012  
L. SELLERS

Office Use Only



500241173895

10/29/12--01034--021 \*\*25.00

FILED  
12 OCT 29 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** k-wireless, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Cockerham  
Name of Person

FAST TEK Compliance  
Firm/Company

1725 Windward Concourse, Suite 150  
Address

Alpharetta, GA 30005  
City/State and Zip Code

scokerham@fasterteam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Cockerham at (678) 672-2837  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: k-wireless, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS) 1 LEVEE WAY SUITE 3104  
NEWPORT KY 41071

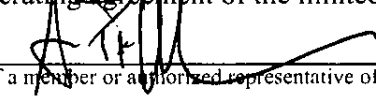
(b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: MAY BE POST OFFICE BOX) 1 LEVEE WAY SUITE 3104  
NEWPORT KY 41071

03/14/2011 3. Date of filing/registration in Florida M11000001326 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CORPORATION SERVICE COMPANY  
Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301-2525

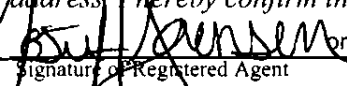
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: InCorp Services, Inc.  
**NEW** Registered Office Address: 17888 67th Court North  
(MUST BE FLORIDA STREET ADDRESS) Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member  
Sean Cullen - CFO  
Printed or typed name of signee

FILED  
MAR 29 PM 2:13  
DEPT OF STATE  
TALLAHASSEE FLORIDA

*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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

 on behalf of InCorp Services, Inc.  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**