

P05000 137250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

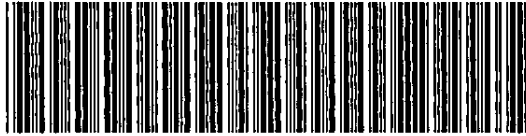
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 16 2013 9 11 AM  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4G Unwired Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P05000137250

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:

Asdis Mullen  
Name of Contact Person

4G Unwired, Inc  
Firm/Company

325 Fifth Ave, Suite 100  
Address

Indialantic, FL 32903  
City/State and Zip Code

asdis.mullen@4gunwired.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asdis Mullen at ( 321 ) 726-4183  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 4G Unwired, Inc.
2. The principal office address: 325 Fifth Ave, Suite 100  
Indialantic, FL 32903
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/06/2005 Document number: P05000137250
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Scott Robinson  
551 S. Apollo Blvd, Suite 207  
Melbourne, Fl 32901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott Robinson  
325 Fifth Ave, Suite 100  
P.O. Box NOT acceptable  
Indialantic, FL 32903

**FILED**  
**2013 JUL 12 AM 11:43**  
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**TALLAHASSEE, FLORIDA**

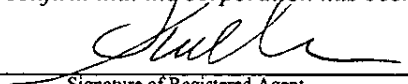
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

SCOTT ROBINSON PRESIDENT  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9 JULY 13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314