## M08000004/74

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
<b>–</b> –	
(Business Entity Name)	
(242,11332 2)	
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Special Instructions to Filing Officer: A. L	UNT
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SECRETARY OF STATE
TALLAHASSEE, FINAIE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: OmniPoint US, LLC. (Name	e of Limited Liability Company)	G
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Aileen Leon		
(Name of Person)	FALCA	2009 MAR 24 PM 12: 51
OmniPoint LLC (Firm/Company)	HASSEE, FLORID	R 24
` • • • • • • • • • • • • • • • • • • •	<u>ा</u> ज	25 32 21 144
16537 SW 99 Lane (Address)	 RD A	74 55 <b>6</b>
Miami, FL 33196		
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this made	atter, please call:	
Alleen Leon	at (813) 774-8199	•
(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		
[] \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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: OmniF	Point US, LLC	
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: <u>3111 W Dr. MLK Jr. Blv</u> Suite 100 Tampa. FL 33607	vd
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	: <u>16537 SW 99 Lane</u> Miami, FL 33196	
09/12/2008	M08000004174	2009 TALL
<ul><li>3. Date of filing/registration in Florida</li><li>5. (a) Registered Agent and Registered Office sho</li></ul>	4. Document number own on the records of the Florid	
Registered Agent:	Glenn Myer	<u>, io an</u>
Registered Office Address:	3111 W Dr. MLK Jr. Blvd Suite 100 Tampa. FL 33607	FLORIDA CO
(b) Enter name of <b>NEW Registered Agent</b> and <b>NEW</b> Registered Agent:	or <u>NEW Registered Office ac</u>	ldress:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	3111 W Dr. MLK Jr. Blvo	d ■ ,FL 33607
If the limited liability company is not organized und that after the change or changes are made, the Florio office of the registered agent will be identical. Or, i hereby confirmed that the change(s) was/were autholiability company or as otherwise provided in the arbimited liability company.  (Signature of a member or authorized representative of a member)	der the laws of the State of Flor da street address of the register in the case of a Florida limited orized by an affirmative vote of	rida, it is hereby confirmed ed office and the business liability company, it is f the members of the limited
Derek W. Shipes (Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p F.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been a supple of the confirm that the limited liability company has been a supple of the confirm that the limited liability company has been a supple of the confirm that the limited liability company has been a supple of the confirmation.	nt and agree to act in this capa the proper and complete perfo osition as registered agent as p flect a change in the registered notified in writing of this chan	city. I further agree to ormance of my duties, and I provided for in Chapter 608, I office address, I hereby ge.

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