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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: OmniPoint US, 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:

Aileen Leon

Name of Person

OmniPoint US, LLC

Firm/Company

14707 S Dixie Hwy, Unit 104

Address

Miami, FL 33176

City/State and Zip Code

aileen.leon@omnipointstaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aileen Leon

,,813 \774-81

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

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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.

2. (a) Principal office address of limited liability company: 14707 \$ 0 0000 Hay, Unit 104 (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (c) Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 33176 Maemi, FL 33176 14707 \$ 0 0000 Hay, Unit 104 Maemi, FL 33176 Maemi, FL 3317	1. Name of the limited liability company: OmniPoint US.	rrc			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Maint, Ft. 33176 Maint, Ft. 33176 Maint, Ft. 33176 Maint, Ft. 33176 Most and Provided Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Agent: Registered Office Address: MEW Registered Agent: NEW Registered Agent: NEW Registered Agent NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 vot the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Derek W. Shipes Printed or typed name of signee Phenek W. Shipes Printed or typed name of	2. (a) Principal office address of limited liability con				
(Note: MAY BE POST OFFICE BOX) Marmi, Fl. 33176	(<u>Note: MUST BE STREET ADDRESS</u>)	Miami, FL 33176			
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: Oddsmar, Fl. 34671 Debta A. Myer (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Regis	(b) Mailing address of limited liability company:	14707 S Dixie Hwy, Unit 104			
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Debta A. Myer	(Note: MAY BE POST OFFICE BOX)	Miami, FL 33176			
Registered Agent: Registered Office Address: Registered Office Address: Registered Office Address: Registered Office Address: Other NEW Registered Agent NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Of	09/12/2008	M08000004174			
Registered Office Address: Registered Office Address: 3684 Tampa Rd	3. Date of filing/registration in Florida	4. Document number	r		
Registered Office Address: Coldsmar, Fl. 34671 Section	5. (a) Registered Agent and Registered Office show	n on the records of the Flor	rida Dept. of State:		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 vot the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Derek W. Shipes Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duting and I am familiar with and accept the obligations of my position as registered agent as provided for it chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered of the change in the registere	Registered Agent:	Debra A. Myer			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 vot the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Derek W. Shipes Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutic and I am familiar with and accept the obligations of my position as registered agent as provided for I 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.	Registered Office Address:	3684 Tampa Rd			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 vot the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Derek W. Shipes Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duting and I am familiar with and accept the obligations of my position as registered agent as provided for address, I hereby confirm that the limited liability company has been notified in writing of this change.					
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NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Miami Signature of a member or authorized representative of a member	NEW Registered Agent:	Derek W. Shipes	ří≺ * Pos		
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Signature of Registered Agent	D1/1	and agree to act in this cap the proper and complete pe my position as registered a to merely reflect a change mpany has been notified in	pacity. I further agree to rformance of my duties, igent as provided for in in the registered office writing of this change.		

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