# rida Department of State Division of Corporations

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## REGISTERED AGENT CHANGE

#### SYMBOLEASE INC.

| Certificate of Status | 0       |
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CT CORP

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|  | _ • •  | ered agent, or both, in the State of Florida  |   |
|--|--|---|---|
|  | the corporation: SYMBOLEASE INC. office address: ONE SYMBOL PLAZA  | HOLTSVILLE, NY 117421300  | ····  |
|  | 44   | ***************************************   | ······································          |
| . the maning a   | ddress (if different):   |   |   |
| . Date of incorp   | poration/qualification: July 8, 2003   | Document number, F03000003371   |   |
|  | d street address of the current registered a street of State;  | egent and registered office on file with the  |   |
|  | CORPORATION SERVICE COMPANY  |   | = 0   |
|  | 1201 HAYS STREET   |   | )7 F<br>SECR                                    |
|  | TALLAHASSEE, FL 323012525  |   | ETAF  |
| . The name and (if changed):   | d street address of the new registered age   | nt (if changed) and /or registered office   | 8 PH<br>SEE FL                                  |
|  | C T Corporat   | ion System  | OR ?  |
|  | c/o C T Corporation System, 1  |   | TE LO   |
| •  | (P.O. Box NOT acceptable   | •   |   |
| •  | Plantation, Flo  |   | •   |
| he street address changed will                                       | ess of its registered office and the street<br>be identical.   | t address of the business office of its regi  | stered agent,                                   |
| uch change w<br>uthorized by t                                       | as authorized by resolution duly adopte<br>be board, or the corporation has been u   | ed by its board of directors or by an offic<br>otified in writing of the change.  | er so   |
| 2000   | Sudden   | Kely Snedden, Pow   | er of Attorno                                   |
|  |  | •   |   |
| juriner agree<br>I my duties, an<br>ocument is bei<br>orporation had | ia compty with the provisions of all stat<br>and I am familiar with and accept the ob-<br>ing filed merely to reflect a change in the<br>s been notified in writing of this change | nd agree to act in this capacity,<br>tutes relative to the proper and complete<br>ligation of my position as registered age<br>to registered office address, I hereby con<br>t. | performance<br>ht. Or, if this<br>yirm that the |
| y Jus  | GT Costabration System   | 2-7-07  |   |
| signing on be  | half of an entity:   |   |   |
| ristine Helberg  |  |   |   |
| Ċ  | (yped or Printed Name)   | •   | .;  |
|  | * * * FILING FI  |   |   |
| M.   | MAKE CHECKS PAYABLE TO FLA<br>AIL TO: DIVISION OF CORPORATIONS, P  | orida Department of State<br>.O. Box 6327, Tallahassee, FL 32314  |   |

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