F0500003876

(Requestor's Name)			
(Address)	500180179425		
(Address)			
Senders Phone 770 956-	-7525 05/10/1001067015 **\$45.00		
Address 3100 CUMBERLAND BLVD STE 900			
ATE ANTE A	*** *** *** *** *** *** *** *** *** **		
State GA ZIP 303397	: <u>5430</u> ·		
(December 1)			
(Document Number)			
Outflood Contract Contract			
Certified Copies Certificates of Status			
	72.		
Special Instructions to Filing Officer:	2010 HA		
	C M M S S S S S S S S S S S S S S S S S		
1	I L My V sign		
Office Use Only			
/1/10			

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

	provisions of sections 607,0502, 617,0502, inge is submitted for a corporation organize			is	
· ·	ge its registered office or registered agent, o	-	*		
1. The name of t Ztar Mobile, I	the corporation:				
2. The principal 16 Village La	office address: one STE 250 Colleyville, TX 76034				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 05/09/2005	Document number:	F05000002876		
	d street address of the current registered agentment of State:	nt and registered office	on file with the		
	TCS CORPORATE	E SERVICES, INC.			
515 EAST PARK AVENUE					
	TALLAHASSEE	FL	32301	H.co	20
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regi	istered office		2010 HAY
	THOMSON REUTERS (TAX & ACCOU	INTING), INC.	·····		0
	515 East Pa	ark Avenue			呈
	(P.O. Box NO	Tacceptable)			ö
	Tallahassee	Florida	32301	Dr.	05
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business of	office of its registere	d agent,	
Such change wanthorized by the	as authorized by resolution duly adopted the board, or the corporation has been notif	by its board of directors fied in writing of the cl	s or by an officer so nange.		
	- Haddrel	Kevin	Haddad	Presid	lent
I hereby accept I furthér agree	Signature of an officer or director) The appointment as registered agent and to comply with the provisions of all statut ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this cap	nted or typed name and tub pacify. Ir and complete per pregistered agent. (ss, I hereby confirm	formance	
Con	i Bowman	_3/1/	10		
	(Signature of Registered Agent)	17	(Date)		
If signing on be	ehalf of an entity:	•			
THOMSON R	EUTERS (TAX & ACCOUNTING), INC.				
	(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