

FO5000005836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

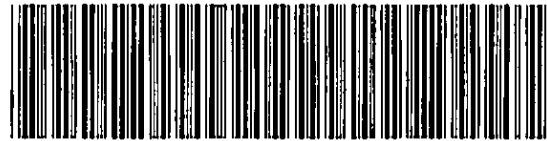
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/21/22--01012--029 \*\*43.75

2022 JUN 21 PM 5:05

9/22/2022

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Consumer Cellular, Incorporated

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F05000005836

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly O'Meally

\_\_\_\_\_  
Name of Contact Person

Consumer Cellular, Incorporated

\_\_\_\_\_  
Firm/Company

9363 E. Bahia Drive

\_\_\_\_\_  
Address

Scottsdale, AZ 85260

\_\_\_\_\_  
City/State and Zip Code

legal@consumercellular.com

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

For further information concerning this matter, please call:

Beverly O'Meally

\_\_\_\_\_  
Name of Contact Person

at ( 602 ) 296-1253

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

2022 JUL 21 PM 5:05

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F05000005836

(Document number of corporation (if known))

1. CONSUMER CELLULAR, INCORPORATED

(Name of corporation as it appears on the records of the Department of State)

2. OREGON

(Incorporated under laws of)

3. 10/06/2005

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

DELAWARE

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:


*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
Bobbie Reyes (Jun 14 2022 15:07 PDT)

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Bobbie Reyes

Secretary

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**

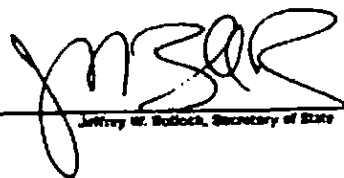


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE  
CORPORATION UNDER THE NAME OF "CONSUMER CELLULAR, INCORPORATED" TO  
A DELAWARE CORPORATION, FILED IN THIS OFFICE ON THE SECOND DAY OF  
AUGUST, A.D. 2021, AT 5:02 O'CLOCK P.M.

  
Jeffrey W. Bullock, Secretary of State

6135666 8100V  
SR# 20221924198

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203433422  
Date: 05-15-22

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSUMER CELLULAR, INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSUMER CELLULAR, INCORPORATED" WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2021.



6135666 8300

SR# 20221924198

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203433421

Date: 05-15-22