Division of Corporations Electronic Filing Cover Sheet

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(((H100000812673)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850) 558-1515

**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.*

Email Address:

13 APR -9 AM 8: 98

REGISTERED AGENT CHANGE WILDBLUE COMMUNICATIONS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of cha	orovisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized t r to change its registered office or registered t	under the laws of the State of Delawar	
1. The name of t	he corporation: WILDBLUE COMMUNI	ICATIONS, INC.	
2 The principal	office address: 5970 Greenwood Place Bl	vd., Suite 300	
-	Village, CO 80111		
*****	ddress (if different):		
4. Date of incorp	poration/qualification: 4/17/06	Document number: F0600002410	
5. The name and	i street address of the current registered agent treent of State:	and registered office on file with the	
	CT Corporation System		 2
	1200 South Pine Island Road		TAE SEC
•	Plantation FL 33324		强易
6. The name and (if changed):	i street address of the new registered agent (if	changed) and /or registered office	ARY OF
	Corporation Service Company		FLOSE SE
	1201 Hays Street		37 7
	(P.O. Box NOT acceptable)		7-2
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street addr be identical.	ress of the business office of its registe	ered agent,
Such change was authorized by th	as authorized by resolution duly adopted by ne board, or the corporation has been notifie	its board of directors or by an officered in writing of the change.	so
1.l	anea Roch B	lanca Lozada, Attorney in Fact	
1	ure of an officer brainector)	(Printed or typed name and title)	
	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ing filed merely to reflect a change in the res s been notified in writing of this change. on Service Company	ree to act in this capacity. relative to the proper und complete pion of my position as registered agent. gistered office address, I hereby confi	erformance Or, if this rm that the
By:	ac cokulou 4	·/8/2010	
	gnature of Registered Agent) shalf of an entity:	(Date)	
-			
	ry, Assistant Vice President Typed or Printed Name)		
,	4 + 4 1931 1510 1510 4	025 00 + 5 +	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)