

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195

: (850)521-1000

Phone Fax Number

: (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE CONNECTIVITY WIRELESS, INC.

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

Pursuant to the provisions of restions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes; this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: CONNECTIVITY WIRELESS, INC.	<u></u>
2. The principal office address:	
3400 Corporate Way, Suite G, Duluth, GA 30096	
3. The mailing address (if different):	
4. Date of incorporation/spalification; 02/02/2009 Document number: F09000000446	
 The name and street address of the current registered agent and registered office on file with the Florida Department of State; 	
NRAI Services, Inc.	
2731 Executive Parke Drive, Suite 4	
Westin, FL 33331	
6. The name and spect address of the new registered agent (if changed) and for registered office . (if changed):	
Corporation Service Company	- 67.
1201 Hays Street	
[P.O. Box NOT atoepuble)	₹.*
Tallahassee FL 32301	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
William C. Davis Director of Finance Dignation of an other of director of Finance Translation of an other of director of Finance	- - -
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanutes relative to the proper and complete performation with the provision of my defice, and I am familiar with and accept the obligation of my position as registered agent. Or, if the incument is being filled merely to reflect a change in the registered office address. I hereby confirm that the comporation has been notified in writing of this change. Congotation Service Company	rce his he
By: (Signature of Registrace Agent) (Date)	_
f signing on behalf of an entity:	
Elizabeth A. Dawson, Asst VP	
(Typed or Educed Name)	

* * * PILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

CRIEUAS (BIDS)

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314