

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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 **BOINGO WIRELESS, INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

		ganized under the laws of the State of Delaw gistered agent, or both, in the State of Floria	
1. The name of	the corporation: BOINGO WIRELESS	. INC.	
2. The principal	office address: 10960 Wilshire Blvd. 2.	3rd floor	
	Los Angeles, CA 9002		
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 08/30/2012	Document number: F12000003588	
5. The name and Florida Depar	d street address of the current registere timent of State: (If resigned, enterresig	d agent and registered office on file with the gned) $\exists \varepsilon$	202
	CORPORATION SERVICE COMPAN	The state of the s	2024 SEP
	1201 HAYS STREET	AASS	FP 24
	TALLAHASSEE, FL 32301		A [
6. The name and (ifchanged):	I street address of the new registered a	gent (if changed) and /or registered office	ري ار —
	1200 South Pine Island Road		
	P.O Plantation, Florida 33324	Box NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regi	stered agent.
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	n so
	ARA KORCOEC	KARA KOROSEC	
Signatu	re of an officer or director	Printed or typed name and title	
of my duties, an document is bei	d I am familiar with and accept the c ny filed merely to reflect a change in Been notified in writiny of this chan	tatutes relative to the proper and complete obligation of my position as registered ages the registered office address. I hereby con-	performance it. Or, if this ifirm that the
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
T	ped 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
CR2E045 (04/13)

By: