40	1000	200	49	44	•	
	equester's Name			- -		
103 Wil	gnat Fox Rd #628 Kham, MA. 02481		900	00840067 -10/16/020105 ******25.00 ***	<b>°9 1.</b> 9003 ***25.00	
			Office Us	-		
CORPORATION	NAME(S) & DOCU	MENT NUMBER(	S), (if known)	:		
1	orporation Name)	(Documer	nt #)		-	
2	orporation Name)	(Documer	·	02 0 SEVI		
3.	orporation Name)	(Documer		CT 16 // RETARY C	F E E	
4.		·		AM 9: 1.1 OF STATI E, FLORIC		
_	orporation Name)	(Documen		A		
☐ Walk in☐ Mail out	Pick up time Will wait	Photocopy		ertified Copy ertificate of Status	FALT	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
OTHER FILINGS		REGISTRATION/QUALIFICATION				
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other				
			Evo	miner's Initials		

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is:	Wireless Broadband Sol	utions, LLC			
2. The mailing address of the limited liability company is: 103 Fox Road, #628						
		Waltham, MA 024	51			
20 (20 (20 )		L01000004944	<del></del>			
3. Date of filing/registration in Florida 4. Document number			:			
5. The name of the register Florida Department of	ered agent and the registe State:	ered office address as shown or	the records of the			
	Scanlon Putegnat					
	656 Glades Circle	Name , #204	SI SI			
		Address	CR CR			
	Altamonte Springs	, FL 32714 tate and Zip	HAND OF H			
6 The name and address.	<del>*</del> -	•	FILED 16 AM ARY OF S SSEE, FL			
6. The name and address of the new registered agent and/or office:						
,	Dean Mead Services	s, LLC	FILED 16 AM 9: AKY OF STAI SSEE, FLORI			
* *		ame	IDA IDA			
	800 N. Magnolia A	(P.O. Box <b>NOT</b> acceptable)				
		•				
	Orlando	EL 32803				
	City, Sta	te and Zip				
and the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are made the registered agent will be confirmed that the case is a liability company or as find limited liability cor	nder the laws of the State of Flode, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized otherwise provided in the articipany.	orida, it is hereby the registered office a Florida limited by an affirmative vote of eles of organization or			
(Signature of a righter or author Scan I on Putegnat (Printed or typed name of signee)	zed representative of a member)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm DEAN, MEAD, EGERTON Y. (Signature of Registered Agent)	ntment as registered age s of all statutes relative if d accept the obligations his document is being fil that the limited liability , BLOODYORTH, CAPON Steven C. Lee, Vice	nt and agree to act in this cape to the proper and complete per of my position as registered ag ed to merely reflect a change in company has been notified in v JANO & BOZARTH, P.A., as President	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.  Sole Member			

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

INHS18(10/99)

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**FILING FEE: \$25.00**