20/0000/1905 Sistandless

John P. Crecine, CFO 3030 N.E. 23^{e1} Court Ft. Lauderdale, Florida 33305-1832 (954) 563-1159 • FAX (954) 563-5037 jpc@islandless.net

April 22, 2002

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

900005347619--9 -04/25/02--01039--002 ******25.00 ******25.00

Dear Sir or Madam:

Enclosed is a "Statement of Change of Registered Agent" form for Islandless Network, LLC and a \$25.00 check for the filing fee.

AL!

Thank you very much.

Sincerely yours,

John P. Crecine Member and CFO FILED

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SECRETARY OF STAT
ANI AHASSEE, FLORI

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 t	the limited liability company is: _/s/a	ndless Network	LLC	
2. The mailing a	ddress of the limited liability company is	3:		
3030	N. E. 23 d Court, F	+. Lauder dale	, FL 3330S	-1832
July	N.E. 23 de Court, F 19, 2001 registration in Florida	1414466	11965	-
3. Date of filing	registration in Florida	4. Document number		
Florida Depart	The Company Name 1001 Hays St Address Tallahassee, FL City, State and address of the new registered agent and/ John P. Crec 3030 NE 23 - Florida street address (P.O. B	Corporation 32301 d Zip for office: ine Court ox NOT acceptable)	FILED FILED SECRETARISSEE, FLORIDA	
	Ft. Landerdale, FL	33305-1832		
	City, State and	Zip		
confirmed that at and the business liability company the members of the operating agr	cility company is not organized under the firer the change or changes are made, the office of the registered agent will be ident, it is hereby confirmed that the change he limited liability company or as otherweenent of the himited liability company. Let or authorized representative of a member)	Florida street address of the	e registered office Florida limited	
(Printed or typed name	n P. Crecine			
` **	the appointment as registered agent and provisions of all statutes relative to the provisions of my provided the configuration of my provided the configuration of my provided to my configuration that the limited liability compa	agree to act in this capacit roper and complete perfor copition as registered eafor verely reflect a change in th ny has been notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.	
	Division of Corporations, P.O. Box 6	5327, Tallahassee, FL 323	314	
INHS18(10/99)	FILING FEE:	\$25.00		

INH\$18(10/99)