## 4000050083

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700133963647

3)<sup>3</sup> 08/12/08--01023--003 \*\*25.00

Change of RA L04-50083

N. CAUSSEAUX
AUG 132008
EXAMINER

## **COVER LETTER**

	tration Section on of Corporations		,			
	CELLULAR EXPRES	S PLUS, LLC		,		
SUBJECT:		of Limited Liability Co	ompany)			
	,		1 07	·		
Dear Sir or M	adam:					
The enclosed	Registered Agent/Registere	d Office Change and t	fee(s) are submitted fo	or filing.		
Please return	all correspondence concern	ing this matter to the f	ollowing:			
Mark N.	McQuagge					
	(Name of Person)			•		
McQuagge	. & Blaue PA					
	(Firm/Company)					
96 Willa	rd Street, Suite	106				
<u> </u>	(Address)					
Cocoa, F	lorida 32922	,	٠.			
	(City/State and Zip Code)	<u></u>				
	,					
For further in	formation concerning this n	natter, please call:				
Mark N.	McQuagge	at ( 321 )	631-1775	•		
	(Name of Person)	(Are	a Code & Daytime To	elephone Number)		
Regist	ET/COURIER ADDRESS: tration Section on of Corporations	Registrat	NG ADDRESS: tion Section of Corporations			
Clifto 2661	n Building Executive Center Circle lassee, Florida 32301	P.O. Box				
Enclo	osed is a check for the folio	wing amount:				
<b>xx</b> \$2	5 Filing Fee	☐ \$55 Fi	55 Filing Fee & Certified Copy			

## 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 limited	I liability company is:	Cellula	r Express	s Plus, LLC				
2. The mailing address of the limited liability company is: <u>260 North Drive</u>								
Melbourne, Florida, 32934 US								
		·		<u> </u>				
07-06-2004 <u>L04000050083</u>								
3. Date of filing/registration	on in Fiorida	4.	Document nu	mber				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:								
,	Chris L. Kelle	ey, Presid	lent					
	260 North Dri	Name ve		-				
,	Melbourne, Fl	ddress orida 3293	34 US	- ALLAHA				
	City, S	tate and Zip		225 — 晋				
6. The name and address of the new registered agent and/or office:								
	Mark N. McQua	ge, Esqui	re	Free s				
	96 Willard St	ame eet, Suit	e 106					
Florida street address (P.O. Box NOT acceptable)								
	Cocoa,	FL	32922					
City, State and Zip								
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, this hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating defrechent of the limited liability company.								
(Signature of a member or authorized representative of a member)								
Chris Kelley, President								
(Printed or typed name of signee)								
at	•		to act in this cand complete in as registered in a registered reflect a chang been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.				
(Signature of Registered Agent	Mark N. McQuad							
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00								