FAX NO.

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TO

Division of Corporations

Fax Number

: (850)205-0380

Exom:

Account Name

. HARPER MEYER #5

Account Number : I20060000102

Phone Fax Number : (305)577-3443

17

: (305)577-9921

REGISTERED AGENT CHANGE

HAWK YOIP LLC

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FAX NO.

P. 02

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

Fursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608. Is the following state ite of Florida.	416 or 608.508 ement in order i	, Florida Statutes, th to change its register	ed office or registered	
1. The name of the limit	ed liability company	is: Hawk VOIP	LLC		
2. The mailing address of	of the limited liability	y company is : _	701 Brickell Avenuc, Suf	re 1400, Miami	
Florida 33131					
October 5, 2005			L03000097964		
3. Date of filing/registra	tion in Florida		4. Document number	r .	
5. The name of the regist Florida Department of		egistered office a	address as shown on t	he records of the	
		Egosi, Yosy			
•		Name			
	13900 S. Jog !	Road, Building #20	3, Suite 147		
Address					
	Deleas	y Beach, Florida 33	3446		
City, State and Zip					
6. The name and address	of the new registered	d agent and/or o	ffice;	SECRETAR DIVISION OF C 2006 AUG 3 I	
Law Center of the Americas, LLC		G 3			
		Name		- 6₹	
701 Brickell Avenue, Suite 1400			,		
Florida street address (P.O. Box NOT acceptable)			TARY OF STATE OF CORPORATIO		
·	Minmi	FL	33131	St tS	
•	Çity	, State and Zip		少 第	
Toe 6	thange or changes are fite registered agent reby confirmed that mited liability compart of the limited liability comparized representative of a merized representative of	made, the Flori will be identica the change(s) we my or as otherwi lity company.	ida street address of t). Or, in the case of a as/were authorized by	ne registored office Florida limited an affirmative vote	
(Printed or typed name of signec)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, phereby confire	intment as registered to of all statutes related accept the obligations of the control of the co	i agent and agree tive to the prope ons of my positi- ing filed to merels illy company ha THE AMERICAS	e to act in this capaci r and complete perfor on as registered agen y reflect a change in t is been notified in wri i, LLC	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.	
(Signamuse of Registered Agenty)		_			
Divisio	n of Corporations,	P.O. Box 6327,	Tallahassec, FL 323	J14	

FILING PEE: \$25.00

INHS18 (8/05)