L05000111442

(Re	questor's Name))		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

B

COVER LETTER

Division of Corporations				
SUBJECT: DETROITEL PCS COM (Name of L		TIONS LLC ility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning	·	_		
r lease return an correspondence concerning	uns mauer i	o the following.		
Keith T. Grumer, Esq.				
(Name of Person)				
			07	IAID
Grumer & Macaluso, P.A.			NO.	SIO
(Firm/Company)			07 NOV 26	¥ OF
				000
One East Broward Boulevard, Suit	te 1501		=	80 G
(Address)			11: 1 Hd	DIVISION OF CORPORATIONS
			#	SKS
Fort Lauderdale, FL 33301				
(City/State and Zip Code)				
For further information concerning this matte	er, please ca	11:		
Koith T. Grumor Egg	054	\ 713_27NN		
Keith T. Grumer, Esq. (Name of Person)	at (954	713-2700 (Area Code & Daytime Telephone N	umber)	
(Name of Forson)		(Area Code & Daytime Telephone N	univer)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
\$25 Filing Fee	□ \$	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.

2. The mailing address of the limited liability com	ipany is : 7157 Highway 21, Barnhart, MO 63012
11/17/2005	L05000111442
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register. Florida Department of State:	red office address as shown on the records of the
Ross, Adam	
_	Name
15441 West Dixie H	
	ddress
North Miami, FL 331	162 of State and Zip
City, St	tate and Zip
6. The name and address of the new registered age	№ 9a
Keith T. Grumer, Es	φ
Na	ume
One East Broward B	Soulevard, Suite 1501 f. 😤
Florida street address (l	F.O. Box NOT acceptable)
Fort Lauderdale,	FL 33301
G1: A	te 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, it is 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 agreement of the limited liability company.

(Signature of a thember or authorized refresentative of a member)

OWAYNE J. Huff

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60% f. Sf. Or, if this document is being filed to merely reflect a change in the registered office address, I ferely confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00