L06000098283

, (Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Document Number)		
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER OCT 6 2010

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Wireless Advisors LLC	
Nan	ne of Limited Liability Company	
Dear Sir or Madam:	1022 1022 1022 1022 1022	
The enclosed Registered Agent/Regist	ered Office Change and fee(s) are	
Please return all correspondence conce	erred Office Change and fee(s) are the following:	
Frederick H. Kleb		
Name of Person		
Wireless Advisors		
Firm/Company		
	Bay Station Say Station	
PO Box 24275 / Gallows I	Bay Station n	
Address	STAR A STAR OF THE COLOR OF THE	
Christiansted, VI 0082	4-0275	
City/State and Zip Code		
·	OLY SA	
fradiusk@ballaguth		
F-mail address: (to be used for future annua	report notification)	
·	SE S	
For further information concerning th	is matter, please call:	
	ш, т,	
Cradavial, Klabas		
Frederick Kleber Name of Person	at (317) Area Code & Dayting	
Name of Person	Area code at Dayling Area Code	
STREET/COURIER ADDRES	S: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	re Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	TS A I	
Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following 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.

_	
Name of the limited liability company:	Wireless Advisors LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	4401 NW Third Ave Boca Raton, FL 33431
(b) Mailing address of limited liability company:	<u> </u>
(Note: MAY BE POST OFFICE BOX)	PO Box 24275 - Gallows Bay Station Christiansted, VI 00824-0275
10/09/2006	L06000098283
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Frederick H. Kleber
Registered Office Address:	4401 NW Third Ave Boca Raton, FL 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	ASS ASS
MOST BET LONDA STREET ADDRESS	Wellborn ,FL 32094
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. **Like H. **Like**	Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote.
Signature of a member or authorized representative of a member	_
Frederick H. Kleber Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my particle to the plant of th	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

Signature of Registered Agent