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S. HAWKES
JUN 2 9 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: NO LIMIT WIRELESS, LLC Name of Limited Liability Company		
	Name of	of Ellinted Elability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	ng this matter to the following:	
	LD CODIANO		
J.R. SORIANO Name of Person			
	NO LIMIT WIRELESS, LL	LC	
-	Firm/Company		
	9045 ULMERTON ROA	AD	
	Address	***************************************	
	•	•	
	LARGO, FL 33771		
	City/State and Zip Code		
<u>F</u>	nolimitwireless@tampabay.r mail address: (to be used for future annual repor	rr.com	
1.2	-man address. (to be used for future annual repor	nt normation)	
For fu	rther information concerning this ma	natter, please call:	
	J.R. SORIANO	at (727) 586-6900	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	wing 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.

1. Name of the limited liability company:	NO LIMIT WIRELESS, LLC	
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	9045 ULMERTON ROAD LARGO FL 33771	
(b) Mailing address of limited liability company:		
(<u>Note: MAY BE POST OFFICE BOX</u>)	9045 ULMERTON ROAD LARGO FL 33771	
04/12/2010	L10000039268	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	FORTUNATO R. SORIANO, JR.	
Registered Office Address:	2276 SPRINGFLOWER DRIVE CLEARWATER, FL 33763	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9045 ULMERTON ROAD	
	LARGO ,FL33771	
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 member or authorized representative of a member		
FORTUNATO R. SORIANO, JR.		
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 and I am familiar with and accept the obligations of my Chapter 608, F,S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

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