

L13000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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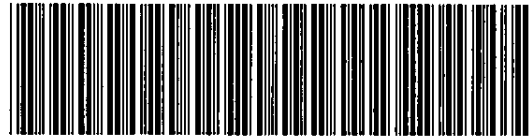
(Business Entity Name)

(Document Number)

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*[Handwritten signature]* 1/6/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VERIZON WINBACK GROUP LLC  
Name of Corporation

**DOCUMENT NUMBER:** L13000003555

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES J. HARRINGTON  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

605 OAKS DRIVE, #110  
Address

POMPANO BEACH, FL 33069  
City/State and Zip Code

Jamesjharrington@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES J. HARRINGTON at ( 954 ) 695-7121  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2013

JAMES J. HARRINGTON  
605 OAKS DRIVE #110  
POMPANO BEACH, FL 33069

SUBJECT: VERIZON WINBACK GROUP LLC  
Ref. Number: L13000003555

We have received your document for VERIZON WINBACK GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 013A00029316

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

Pursuant to the provisions of sections 605.0114, 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: VERIZON WIRELESS GROUP LLC

2. (a) Principal office address of limited liability company: 605 OAKS DRIVE, #110  
POMPANO BEACH, FL 33069  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 605 OAKS DRIVE, #110  
POMPANO BEACH, FL 33069  
*(Note: MAY BE POST OFFICE BOX)*

JAN 8, 2013  
3. Date of filing/registration in Florida

L13000003555  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company  
Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: JAMES J. HARRINGTON  
NEW Registered Office Address: 605 OAKS DRIVE, #110  
(MUST BE FLORIDA STREET ADDRESS) POMPANO BEACH, FL 33069

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]  
Signature of a member or authorized representative of a member  
JAMES J. HARRINGTON  
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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
14 JAN -5 AM 10:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE