

L13000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

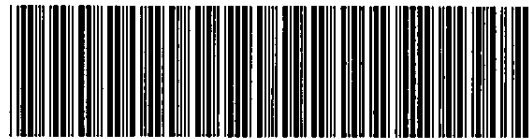
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254754047

12/23/13--01057--013 **35.00

FILED
14 JAN -5 AM 0:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[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:
(MUST BE FLORIDA STREET ADDRESS)

605 OAKS DRIVE, #110
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