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Division of Corporations

Fax Number ...: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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LLC REGISTERED AGENT CHANGE YOUR WIRELESS PREPAID #388 LLC

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BLUMBERG EXCELSIOR Fax:



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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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

1. N	lame of the limited liability company: YOUR W	/IRELES	S F	PREPAID	#388 LLC			
2. (a)	2. (a) 575 STEWART AVE			(b) 575 STEWART AVE				
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	(0	,,	Mailing address of li	imited hability POST OFFIC	company	:
	GARDEN CITY, NY 11530			GARDE	EN CITY, NY 1	 1530		
	10/17/2017			L170002	14618			
3.	Date of filing/registration in Florida	4.	-		Document numb			••
5. (a)								
	Registered Agent and Registered Office shown on the record Registered Office Address [MUST BE FLORIDA STRI 2077 MONTPELIAR				·e:			
	FTLAUDERDALE	, FL 3332	 !6		_	1.79	2817	uz.
(b)						<u>4</u>		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office r	addi		-		<u></u>	ار الارون
	13310 MUSTANG TRAIL			<u> </u>			72278 4 - par	**
	NEW Registered Office Address:					<u></u>	ည က က	
	SOUTHWEST RANCHES	_{FL} 3333(
Nignature I hereby provision the obligation merel notified	mited hability company is not organized under the nige or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limiter the authorized by an affirmative vote of the member eles of organization or the operating agreement of the proper and complete the appointment as registered agent and agricultures of all statutes relative to the proper and complete the complete of the proper and complete the complete of the proper and complete the complete of the com	d liability of the ling the limited	nite lia	pany, it is ed liability bility comp	and the business hereby confirmed company or as of pany. CATAR!	office of the distance of the character	e registe lange(s) ovided in	n ~
	Division of Corporations • P.C). Box 6323	7 • '	Tallahasse	te. FI/3231d			
	FILING	FEE: \$25	.00		,- 0 02019			

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