Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000194229 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover shee

To:

SEP - 8 2009

Division of Corporations Fax Number : (850)617~6383

EXAMINER

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

AT&T MOBILITY NATIONAL ACCOUNTS LLC Certificate of Status Certified Copy 02 Page Count \$35:00 Estimated Charge

tronic Filing Menu

Corporate Filing Menu

Help

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:	AT&T Mobility National Accounts LLC
2. (a) Principal office address of limited liability com	pany: 1025 LENOX PARK BLVD NE
(Note: MUST BE STREET ADDRESS)	ATLANTA GA 30342
(b) Mailing address of limited liability company:	
(Nove: MAY BE POST OFFICE BOX)	
02/22/2000	M0000000343
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown Registered Agent:	on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, PL 32301-2525
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
173 00 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Plantation ,FL 33324
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the finited liability company or as confirmed liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited see's) was/were authorized by an affirmative vote
Carolina Botero	
Printed or typed name of signer	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability com	openition as registered agent as profiled forth of the position of the registered office in the registered office in pany has been notified in writing of this charge.
Signature of Registered Agent	m _e 🛂 📶
Division of Corporations, P.O. Bo	

₿y: