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ION SERVICE COMPANY					
ACCOUNT NO.	: 072100000032				
REFERENCE	: 546788 7204194				
AUTHORIZATION	Inelledone Figure				
COST LIMIT	: \$25.00				
ORDER DATE: October 23, 200	6 SECTIONS				
ORDER 11ME : 10:21 AM  ORDER NO. : 546788-015					
CUSTOMER NO: 7204194	,				
CHANGE OF A	AGENT .				
NAME: NII COMMUNICA	ATIONS GP, LLC				
-					
PLEASE RETURN THE FOLLOWING A	S PROOF OF FILING:				
XX PLAIN STAMPED COPY					
CONTACT PERSON: Doreen Wallace					
E:	XAMINER'S INITIALS:				

## 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. The name of the limite	d liability company i	s: NII COMN	1UNICATIONS	GP, LLC	
2. The mailing address of	the limited liability	company is:			
1717 N. Loop 1604 East, Suite	e 250, San Antonio, TX	78232			
09/15/2000			M000000019	10	
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registe Florida Department of S		gistered office	e address as sh	own on the records of the	
<u>-</u>	СТ	Corporation Sys	stem		
		Name			
	1200 S	outh Pine Islan	1 Road		
Address $\Xi S$ 2					
Plantation, FL 33324  City, State and Zip				— FR = 1	
6. The name and address of the new registered agent and/or office:					
Corporation Service Company					
Name 1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City,	State and Zi	p		
and the business office of	nange or changes are	made, the Fl will be identi	orida street ad	dress of the registered office	
(Signature of a member or authori	zed representative of a men	nber)	•		
Terie Hannay, Ex. Vice Presid (Printed or typed name of signee)	ent on behalf of NII Com	nmunications, I	ıc. Manager		
			gree to act in t per and comp ition as regist ely reflect a ci has been noti	his capacity. I further agree to lete performance of my duties, ered agent as provided for in hange in the registered office fied in writing of this change.	
(Signature of Registered Agent)	Elizabeth A. Dawson, As	sistant VP			

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