

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

VERIZON WIRELESS (VAW) LLC

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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 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: Vanzon vireless (VAVV) LLC	
(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	BASKING RIDGE NJ 07920	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	TEN IN IONES NY GOOD ALAS	i 1
10/13/2000 3. Date of filing/registration in Florida	M00000002135 4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525 US	8
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Plantation,PL 33324	
If the limited liability company is not organized under the lither after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business are of a Florida limited liability company, it is	
(Signature of member or authorized representative of a member)	SECR TALLA	-13¶
Jennifer Shanders (Printed or typed name of signes)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by: (Signsture of Rogeford Agent) Assistant Secretary	D , 11	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)