CORPORATION(S) NAME

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Highland Wireless Services I	L.C.		• • • • • • • • • • • • • • • • • • •
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() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	Mil
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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	ed liability company	is: High]	lanđ 1	Wireles	s Services L.L.C.
2. The mailing address o	f the limited liability	company is:			eral Highway,
		1 3 -		e 21009 Raton,	
December 14,	2000	-	M000	0000261	4
3. Date of filing/registration in Florida		*	4. Doc	cument nun	nber
5. The name of the register Florida Department of	ered agent and the re State:	egistered office	address	as shown o	on the records of the
-	David A.	Terman			
	1113 Russ	Name ell Drive			
		Address			AL SE
		Beach, FL	334	87	
	Ci	ity, State and Zi	p		N F
6. The name and address	of the new registered	d agent and/or o	ffice:		JAN 23 PM 3: 09
	CT Corpora	tion Syste	em		To us
	1200 South	Name Pine Isla	and R	oad .	RRIDI
	Florida street add	ress (P.O. Box I	NOT ac	ceptable)	
	Plantation	, FL 3332	4		
	City	y, State and Zip		•	•
	hange or changes are the registered agent reby confirmed that ed liability company of the limited liability	e made, the Flor will be identica the change(s) w or as otherwise y company.	rida stre	et address on the case of	of the registered office
(Signature of a member or author	uzed representative of a me	ember)			
David A. Terman,		nber	_		
(Printed or typed name of signee)					•
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes rela d accept the obligat this document is bein that the timited liab	d agent and agr tive to the prop ions of my posit ng filed to mere ility company h	ee to ac er and c ion as r ly reflec as been	t in this cap complete pe cegistered a ct a change a notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00