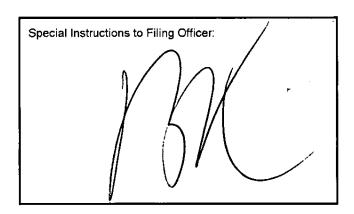
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(Requestor's Name)		
(Addre	55)	
(Addre	ss)	
· (City/s	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status



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DEFINATIONS DEFINEDATIONS DIVISION OF SEES FLORIDA

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ETARY OF ST

CURARACHE



ACCOUNT NO. : 072100000032

REFERENCE

7496689

COST LIMIT

ORDER DATE: September 28, 2007

ORDER TIME : 10:31 AM

ORDER NO. : 249521-010

CUSTOMER NO: 7496689

CHANGE OF AGENT

NAME: HIGHLAND WIRELESS SERVICES

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'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 limited liability company	is: HIGHLAND WIRELESS SERVICES, LLC
2. The mailing address of the limited liability	company is:
2020 West McNab Road, Suite 104, Ft. Lauderdale, F	L 33309
12/14/2000	M0000002614
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown on the records of the
CT	Corporation System
	Name = 500 0.
120	0 S. Pine Island Road
	Address
P	lantation, FL 33324
City, State and Zip	
6. The name and address of the new registered	m = 11
Corpor	ation Service Company
Name	
1201 Hays Street	
P	ress (P.O. Box NOT acceptable)
Taliahassec	FL 32301
City	y, State and Zip
confirmed that after the change or changes an and the business office of the registered agent liability company it is hereby confirmed that	<u> </u>
(Printed or typed name of signee)	d good and garee to get in this canacity. I further garee to
comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited l	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in no filed to merely reflect a change in the registered office bility company has been notified in writing of this change.
(Signature of Regustered Agent) Michelle R. Varmoy, A	egistant VP
Division of Corporations	P.O. Box 6327, Taliahassee, FL 32314

FILING FEE: \$25.00

INH\$18 (8/05)