

Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

AT&T MOBILITY LLC

T. CLINE

Certificate of Status	0
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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 LLC
2. (a) Principal office address of limited liability company	y: 1025 LENOX PARK BLVD NE
-[X]- (Note: MUST BE STREET ADDRESS)	ATLANTA GA 30342
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
02/22/2001	M0100000409
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	TALLAHASSEE, FL 32301-2525 G 67
	- Fig. 8
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	C I Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road 55
(MOST DE L'EDITOR STREET ADDRESS)	Plantation FL 33324 00
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature at a racember to manuscribe to produce the manuscribe	
Carolina Botero	<u></u>
Printed or typed name of signos I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my poor chapter 608, F.S. Or if this document is being filed to me address, I hereby confirm that the limited liability company C.T. Compression System Signature of Registered Agent	gree to act in this capacity. I further agree to sper und complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Division of Comparations B.O. Nov. 67	97 Tallabarras III 23214

FILING FEE: \$25.00

INHS18 (05/08)

By: