MD10000002313

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

RE-SUBMIT
Please retain original filing
date of submission 4/2/10

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 APR -5 AM 9:37
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TALLAHASSEE, FLORIDA

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2010 APR -2 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
AT&T MOBILITY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03 4
Estimated Charge	$25.00

C. LEWIS
APR 6 2010
EXAMINER

April 5, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AT&T MOBILITY SERVICES LLC
1025 LENOX PARK BLVD. N.E., STE. 5046
ATLANTA, GA 30319

SUBJECT: AT&T MOBILITY SERVICES LLC
REF: M01000002313

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000075105
Letter Number: 410A00008173

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT&T Mobility Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

do not complete this page
Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( ) Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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 Services LLC

2. (a) Principal office address of limited liability company: 1025 LENOX PARK BLVD. N.E.

[X] ***(Note: MUST BE STREET ADDRESS)*** STE. 5046
ATLANTA GA 30319

(b) Mailing address of limited liability company:

[ ] ***(Note: MAY BE POST OFFICE BOX)***

10/12/2001
3. Date of filing/registration in Florida

M01000002313
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: 1201 HAYS STREET
TALLAHASSEE FL 32301-2525 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW *Registered Agent:* C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carolyn J. Wilder Assistant Secretary
Signature of a member or authorized representative of a member

Carolyn J. Wilder
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent

Chris McNeal
Assistant Secretary

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

FILED
2010 APR -2 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INHS18 (05/08)