Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporation	15			
	Fax Number : (850)6	517-6383		<u> </u>	19
From:	Account Name : REGIS	FRED AGENTS	INC.		B
	Account Number : I20096	000081			;>> 2
	Phone : (307)2 Fax Number : (855)3			1	2
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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 605.0114 or 605.0116, 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. N	ame of the limited liability company: Quality (One Wi	eless,	LLC		
2. (a)	7901 4th St N	(b) 7901 4th St N				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···	Maili	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 300	S	TE 300			
	St. Petersburg, FL 33702	<u>S</u>	t. Petersbu	sburg, FL 33702		
	11/14/2006	M06000				
3.	Date of filing/registration in Florida	4.	Do	cument number		
5. (a)	CHIORANDO, JOHN					
J. (6)	Registered Agent and Registered Office shown on the records o	t'the Florida De	pt. of State:			
	1500A TRADEPORT DRIVE					
	Registered Office Address IMUST BE FLORIDA STREET	"ADDRESS)				
	ORLANDO , F	L 32824		三 22 年 诺		
(b)	Pegistered Agents Inc			REAL E		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u>.ss</u> :	22		
	7901 4th St N			₽ D		
	NEW Registered Office Address			<u> </u>		
	STE 300			5 8		
	St. Petersburg	L_33702				
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Plorida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limite	red office and pany, it is he d liability co- pility compar-	d the business office of the registered reby confirmed that the change(s) impany or as otherwise provided in		
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee				
provis the ob to met natifie	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet obligations of my position as registered agent as provided by reflect a change in the registered office address, and its writing of this change. Bill Havre - Assista	gree to act in le performand led for in Cha I hereby conf nt Secretar	re of my autipter 605, F. irm that the	y. I further agree to comply with the es, and I am familiar with and accep S. Or, if this document is being filed limited liability company has been		
<u> </u>	rure of Registered Agent	in Jecretai	J			