

Florida Department of State Division of Corporations

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Division of Corporations

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## REGISTERED AGENT CHANGE

CINGULAR SUPPLY II, LLC

Certificate of Status	0
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9/2/2009



## 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:	Cingular Supply (), LLC	
2. (a) Principal office address of limited liability company	1025 LENOX PARK BLVD NE	
-X- (Note: MUST BE STREET ADDRESS)	ATLANTA GA 30319	00 SF
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	- Krist	
03/06/2007	M07000001308	
3. Date of filing/registration in Florida	4. Document number	,
5. (a) Registered Agent and Registered Office shown on t		
Registered Agent: Registered Office Address:	CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	
NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	
	Plantation ,FL 33324	
If the limited liability company is not organized under the legislation of the limited that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability 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.  Signature of a member or authorized representative of a member	orida street address of the registered of ical. Or, in the case of a Florida limited was/were authorized by an affirmative wise provided in the articles of organize	vole
Carolina Botero Printed or typed name of signee	<del>-</del>	
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 provision of and I am familiar with and accept the obligations of my post Chapter 505 F. 8. Or if this accument is being filled to met address. I herothy confirm that the limited liability company Chapter of Resistant Agent	gree to act in this capacity. I further as sper and complete performance of my d sition as registered agent as provided for rely reflect a change in the registered of has been notified in writing of this cha	ree to uties, or in ffice nge.

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

INHS18 (05/08)

Ву: