## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

1) cm:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: filings@delawareinc.com

## LLC REGISTERED AGENT CHANGE DEEP GREEN WIRELESS LLC

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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.	Na	me of the limited liability company: DEEP GREEN	WIRE	LESS LLC	
•	•	Principal office address of limited liability company  (Note: MUST BE STREET ADDRESS)		) <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOM)
		990 BISCAYNE BLVD., SUITE 503		75 Mont	ebello Road
		Miami, FL 33132		Suffern,	NY 10901
		10/12/2012		M120	000005720
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	` .	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	 e:
Registered Office Address MUST BE FLORIDA STREET ADDRESS)					-
		1200 South Pine Island Road			• •
		Plantation FL			<u>~</u> [ on
(	b) .	Enter name of NEW Registered Agent and/or NEW Registered C	. All Solvers		
		Registered Agents Inc.			9
		NEW Registered Office Address:			
		3030 N. Rocky Point Dr., STE 150A			-
		Tampa EL	33607		
the cager was, the c	chan it we prtig	mited liability company is not organized under the law- inge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab ire of a member or authorized representative of a member	s of the he regis pility con the limi	State of Flo tered office mpany, it is ited tiability ability con	o and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
prov the o	usie obli ere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I his in writing of this change.  Bill Havre, Assistant So	erforma for in C reby co	ince of my d hapter 60\$ infirm that	chilies, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been