M13000005470

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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D. SCOTT MAY 8 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 3, 2017

Order#: 615653-022

Re: SPARK WIRELESS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. l	Name of the limited liability company: SPARK WII	RELESS, LLC	
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DULUTH, GA 30096	······	
	08/29/2013		M13000005470
3.	Date of filing/registration in Florida	4.	Document number
5. (
	Registered Agent and Registered Office shown on the record	ds of the Florida l	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD	· · · · · · · · · · · · · · · · · · ·	
	Registered Office Address (MUST BE FLORIDA STRE	<u>EET ADDRESS)</u>	
-			
	DI ANTATIONI	EL 22224	
	PLANTATION	, FL <u>33324</u>	
<i>(</i> 1-	o) Corporation Service Company		FILED FILED
(t	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	ress:
	1201 Hays Street		Floring &
	NEW Registered Office Address:		高品 08
			7
	Tallahassee	, FL <u>32301</u>	<u> </u>
the c agen was/	e limited liability company is not organized under the change or changes are made, the Florida street address twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of	ss of the regist ed liability cor ers of the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
- 2:	, xee (, white	Jill C	ilmi, Authorized Person
I he prov the o to mo notif	enature of a member or authorized representative of a member reby accept the appointment as registered agent and issions of all statutes relative to the proper and compobligations of my position as registered agent as properly reflect a change in the registered office addressived in writing of this change.	olete performa wided for in C ss, I hereby co	ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Sign	ature of Registered Agent Corporation Service Compa	ny BY: Gr	race E. Kirby, Asst. Vice President

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