114700000 89

ACCOUNT NO. : 07210000032 REFERENCE : _576769 AUTHORIZATION COST LIMIT \$ 25.00 ORDER DATE: May 13, 2002 ORDER TIME : 11:32 AM ORDER NO. : 576769-770 CUSTOMER NO: 4360800 CUSTOMER: Ms. Johanna Dickman Sprint Corporation 6200 Sprint Parkway Overland Park, KS 66251 CHANGE OF AGENT

100005665291--9

NAME:

WIRELESS BROADBAND SERVICES

OF AMERICA, LLC

PLEASE	RETURN	THE	FOLI	LOWING	AS	PROOF	OF	FILING:	_	. (
<u>.</u>	CERTI					_			_	199 199
XX	PLAIÑ	STAN	IPED	COPY		=			_	MOJ-211
CONTACT	PERSŌN	J: 1	roy	Todd		 			-	α

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. The name of the limited lial	oility company is: _t	WIRELESS B	ROADBAND SER	VICES OF	AMERICA,	LLC
2. The mailing address of the l	imited liability com	pany is: 6	200 SPRINT PA	ARKWAY	<u> </u>	<u> </u>
	<u></u>	<u> </u>	OVERLAND PAI	R <u>K</u> , KS 66		N N N
12/31/1997			м97000000899	: ***	TAR)	<u>-3</u>
3. Date of filing/registration in	Florida	4	. Document nu	mber	EC	-2
5. The name of the registered a Florida Department of State:				on the reco	rds #1	PM 12: 45
	C T CORPOR		TEM		حق	
		Name				
	1200 SOUTH P	ddress	ROAD	-		
	PLANTATIC City St	on, FL 333: ate and Zip	24			
6 The manual and add Cd	-	•				
6. The name and address of the	new registered ager	nt and/or off	ice:			
•	Corporation S	Service Co	mpany			
	Na	me				
·	1201 Hay	s_Street				,
Flor	rida street address (I	P.O. Box N (OT acceptable)			
	Tallahassee J	FL	32301	_		
	City, Stat	e and Zip	<u> </u>			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby continuously the members of the limited liability coperating agreement of the limited liability company.	or changes are made gistered agent will be onfirmed that the challity company or as company or as company comp	e, the Florid be identical. ange(s) was otherwise or	a street address Or, in the case /were authorize	of the regis of a Florida d by an affi	stered office a limited	ate of
2.						
PATRICIA PIZZUTO, ATTORNE (Printed or typed name of signee)		<u></u>	·			
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acceptapter 608, F.S. Or, if this do address, I hereby confirm that the			to act in this ca and complete pa as registered a reflect a change been notified in	pacity. I fuerformance is gent as proint in the reginal writing of	rther agre of my dut vided for stered offi this chan	e to ies, in ce ge.
(Signature of Registered Agent)		t. Dunlap agent	-			
		-				
Division of C	Corporations, P.O.	вох 6327, Т	'allahassee, FL	32314		

INHS18(10/99)

FILING FEE: \$25.00