

REFERENCE: 715287

7156704

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 31, 2000

ORDER TIME: 10:26 AM

ORDER NO. : 715287-860

CUSTOMER NO: 7156704

000003282400--5

CUSTOMER: Ms. Lee A. Tostevin

Voicestream Corporation 3650 131st Avenue Se

Suite 200

Bellevue, WA 98006

CHANGE OF AGENT

NAME:

OMNIPOINT MIAMI-W. PALM BEACH

F LICENSE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse



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.

ageni, or boin, in the stat	e of Pioriaa.			
1. The name of the limite	d liability company	is: Omnipoi	nt Miami-W. Palm	Beach F License, LLC
2. The mailing address of	f the limited liability	y company is:	3650 131st Aver	nue SE, Bellevue,
WA 98006	•	- "	-	
			 	
4/23/98 <u>M</u> 98000000393				
3. Date of filing/registrat	ion in Florida		4. Document nur	nber
5. The name of the register Florida Department of		egistered offic	e address as shown o	on the records of the
	CT Co	orporation S	System	
		Name		
	1200 Sot	uth Pine Isl	and Road	7.0
Address				OO J
Plantation, Florida 33324 City, State and Zip				JUN -9
6 The name and address		J .	*	SS J
6. The name and address	of the new registered	u agent and/or	office:	
	Corporat	ion Service	Company	JUN-9 PM 1: 23 CRETARY OF STATE LAHASSEE FLORIDA
		Name		≅ ?
	120	1 Hays Stre	et	∑m
	Florida street add	ress (P.O. Box	NOT acceptable)	
	Tallahassee	FL	32301	
	City	y, State and Zi	p	
If the limited liability come confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the limited that the limited liability companies agreement of the limited liability companies agreement liab	nange or changes are the registered agent reby confirmed that d liability company	e made, the Floot twill be identi the change(s) or as otherwis	orida street address of cal. Or, in the case	of the registered office
CA, FX		==	-	
(Signature of a member or authori	zed representative of a me	ember)	•	
Lee Tostevin, Manager				•
(Printed or typed name of signee)			-	
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the comporation Service (Corporation Service)	mai me iimiiea iiao	d agent and ag tive to the pro ions of my pos ng filed to mer vility company	gree to act in this caper and complete perition as registered a clange has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Bobbie Hall, Asst. Vi	ice President	D 0 D 600		2001.4
Divisio	n of Corporations,	P.O. Box 632	27, Tallahassee, FL	32314

FILING FEE: \$25.00