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#### COVER LETTER

TO: Amendment Section Division of Corporations

### SUBJECT: Mid Florida Cellular Corporation

(Name of Corporation)

## DOCUMENT NUMBER: P0000002939

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Pilcher, Esquire

(Name of Contact Person)

Estate Planning and Legacy Law Center, PLC (Firm/Company)

159 Lookout Place, Suite 101 (Address)

Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

David Pilcher, Esquireat (407)647-7526(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ESTATE PLANNING AND LEGACY LAW CENTER, PLC Peace of Mind For You - Through Planning

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Charles D. Wilder, Esq. Board Certified in Wills, Trusts & Estates

Hallie L. Zobel, Esq. Attorney at Law

David Pilcher, Esq. Attorney at Law Nicholas J. Rubino, Esq. Board Certified in Wills, Trusts & Estates Of Counsel

Mary Merrell Bailey, Esq. Attorney at Law

Firm Administrator: Jennie Peluso Paralegals: Vickie L. Parker Janet M. Scott Benjamin D. Warren

Client Services Coordinator: Rachel Thomas

> Administrative Assistant: Stefanie Ledesma

November 10, 2006

Florida Dept. of State Attn: Amendment Section Corporate Records Div. P.O. Box 6327 Tallahassee, FL 32314

#### Re: Mid Florida Cellular Corporation; Document #P0000002939

Dear Sir or Madam:

Enclosed please find the following documents for filing in connection with the abovereferenced matter:

- 1. Cover Letter
- 2. Statement of Change of Registered Office or Registered Agent or Both for Corporations
- 3. Check in the amount of \$35.00
- 4. A copy of the Cover Letter and Statement of Change
- 5. Return envelope

Kindly acknowledge receipt of this document by date stamping the enclosed copy and returning to us in the envelope provided.

As always, should you have any questions or require additional information, please feel free to give me a call.

Sincerely,

ESTATE PLANNING AND LEGACY LAW CENTER, PLC

met M. Scott

Junet M. Scott Paralegal to David Pilcher, Esq.

jms Enclosures cc: Leslie Connelly

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#### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mid Florida Cellular Corporation

2. The principal office address: 2235 S. Woodland Boulevard, #103, Deland, Florida 32720

3. The mailing address (if different):

22.

\_\_\_\_ Document number: P00000002939 4. Date of incorporation/qualification: 1/4/2000

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John W. Connelly, Jr.

279 Sunrise Point

Lake Mary, Florida 32746

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David Pilcher, Esquire

159 Lookout Place, Suite 101

(P.O. Box NOT acceptable)

Maitland, FL 32751

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

onnel cer or director)

Leslie Connelly (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

If signing on behalf of an entity:

Estate Planning and Legacy Law Center, PLC

(Typed or Printed Name)

#### \* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)