P01000108895

37	VOLPE	
	BAJALIA	
B	WICKES	
	ROGERSON	
	WACHS	
	ATTORNEYS AT LAV	W
	verside Avenue, 7th Floo nville, FL 32202	or
PICK-	UP WAIT	MAIL
	(D	
	(Business Entity Nar	ne)
	(Document Number)	
Certified Conies	Certificates	s of Status
Special Instruction	ns to Filing Officer:	
	•	
ĺ		
1		
Ì		

Office Use Only



100108572241

08/27/07--01045--013 **35.00

SECRETARY OF STATE
ALLAHASSEE, FLORID

AND FILED

R-A. Change

C. Couffiette AUG 3 0 2007

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

statement of cha	nnge is submitted for a corporation	617.0502, 607.1508, or 617.1508 on organized under the laws of the or registered agent, or both, in the	e State of Florida		
1. The name of	the corporation: T-Cellular, Inc	•	•		_
		Point Drive, Suite 160, Tamp	oa, FL 33607		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 11-13-0	Document number:	P0100010889	5	
	d street address of the current regrament of State:	istered agent and registered office	on file with the		
	Gordon T. Simpson		•		
	12157 W. Linebaugh	Ave., Suite 401		O7 AU SECTALL	
	Tampa, FL 33626			OT AUG 27 SECRETAR FALL AHASS	卫
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or reg	gistered office	SEZ A	LEO
•	Gordon T. Simpson			H 9: 47 OF STATE	
	3030 N. Rocky Point I			- G	
	(P.O. Box NOT Tampa, FL 33607	acceptable)			
	ess of its registered office and the identical.	ne street address of the business			
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of director been notified in writing of the c	rs or by an officer hange.	so	
(Signate	ure of an officer of director)	Gordon T	Simpson	1/Presid	eut
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered to comply with the provisions o ad I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of this	agent and agree to act in this ca fall statutes relative to the prop t the obligation of my position a nge in the registered office addre change.	pacity. er and complete p s registered agent. ess, I hereby confi	erformance . Or, if this rm that the	
	20	August	9,2007		
	gnature of Registered Agent)	(0	Date)		
If signing on be	chalf of an entity:				
	Typed or Printed Name)	_			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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