

PO4000150858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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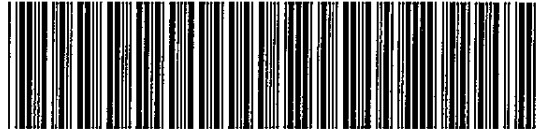
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CELLULAR SELECT  
(Name of Corporation)

DOCUMENT NUMBER: P0400150858

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIAN DANCOUR  
(Name of Person)

CELLULAR SELECT  
(Name of Firm/Company)

1880 SOUTH OCEAN DR. APT 608W  
(Address)

HALLANDALE, FL. 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE LEFKOWICZ at ( 954 ) 738-3315  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: CELLULAR SELECT INC
2. The principal office address: 1880 S. OCEAN DR APT 608W  
HALLANDALE FL. 33009
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/4/04 Document number: P04000150858
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALAN DANKOUR  
1880 S. OCEAN DR APT 608W  
HALLANDALE, FL. 33009

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

JULIE LEFKOWITZ  
1880 S. OCEAN DR. APT 608 W  
(P.O. Box NOT acceptable)  
HALLANDALE FL. 33009

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TALLAHASSEE, FLORIDA

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.

[Signature]  
(Signature of an officer or director)

ALAN DANKOUR  
(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]  
(Signature of Registered Agent)

JULIE LEFKOWITZ  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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