

P05000046149

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE**THE RAPID ROAMING COMPANY**

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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: the Rapid Roaming Company
2. The principal office address: 8125 Highwoods Palm Way,
Tampa, FL 33647
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/28/2005 Document number: P05000046149

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State; (If resigned, enter resigned)

Kristine Mermont
8125 Highwoods Palm Way
Tampa, FL 33647

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

James E. Binion
Signature of an officer or director

Laura E. Binion
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.

C T Corporation System
By: Barbara A. Burke
Signature of Registered Agent

6-15-09
Date

If signing on behalf of an entity:

Barbara A. Burke
Special Assistant Secretary

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
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