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| (Re                                     | equestor's Name)   |                 |
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| (Cit                                    | ty/State/Zip/Phone | <del>; #)</del> |
| PICK-UP                                 | WAIT               | MAIL            |
| (Bu                                     | siness Entity Nam  | ne)             |
| (Do                                     | cument Number)     |                 |
| Certified Copies                        | _ Certificates     | of Status       |
| Special Instructions to Filing Officer: |                    |                 |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: New England Cellular Incorporated (Name of Corporation)                                |
| DOCUMENT NUMBER: POGOO 103 0 78   |
| 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:                       |
| Michelle L. Harlow (Name of Contact Person)   |
| New England Cellular DBA Charles Pope Cellular (Firm/Company)                                   |
| 3850 E GUIF to LAKE Hwy Unit 7 (Address)  |
| <u>Inverness</u> FL- 34453 (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                    |
| Michelle Harlaw at 352 697-0990 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State.                            |

Mailing Address: 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

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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: New England Cellular Incorporated   |
| 2. The principal office address: 3850 E Gulf to LAKE Hwy Unit 7   |
| Inverness FL. 34453   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 08/08/2006 Document number: POL000103678  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Michelle Li Harlow  |
| 38. SalincolnAve  |
| Beverly Hills, Fl. 34465 For 3  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office R (if changed):  Michelie L. Harlow   |
| Michelle L. Harlow Bo 5 M   |
| 3850 E GUIF to LAKE Hwy Unit 755 3 10 (P.O. Box NOT acceptable)   |
| Inverness FL. 34453   |
| 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.   |
| Michelle L. Haulow Michelle L. Harlow (Signature of an office for director) Michelle Crinical or typed name and title)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my dutics, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm that the<br>corporation has been notified in writing of this change. |
| Michell Therace June 15,077 (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |
| Michelle L Harlow   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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