

P 11000003073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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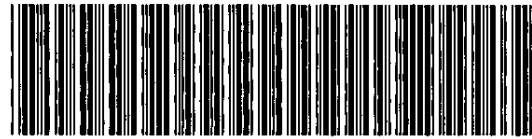
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

PA  
[Signature]

87322

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MD Cellular Communications, Inc  
Name of Corporation

DOCUMENT NUMBER: P1100000 3073

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:

Jesse memulian  
Name of Contact Person

MD Cellular Corporation  
Firm/Company

3823 Tamiami Trail East  
Address

Naples FL 34112  
City/State and Zip Code

MD Cellular Communications@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse memulian at (866) 966-6602  
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

**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: MD Cellular Communications Inc
2. The principal office address: 4900 Biscayne Drive Unit 16  
Naples FL 34112
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/10/11 Document number: P1100000 3073
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)

Thomas W McMullin  
160 PLANTATION CIR  
Naples FL 34104

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Flashed Phones.NET (Document # G12000035156)  
3823 TAMiami TRAIL EAST UNIT 555  
P.O. Box NOT acceptable  
Naples FL 34112

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

Jesse McMullin  
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.

Tom Broscoe  
Signature of Registered Agent

6-16-12  
Date

If signing on behalf of an entity:

Tom Broscoe  
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