## P9900006406

Nextel Communications 4710 Eisenhower Boulevard,	Suite D-1, Tampa, FL 33626
	·
City/State/Zip	Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	BODD33882581 (Document#) -09/11/0001093007 *****35.00 *****35.00
2. (Corporation Name)	(Document #)
Corporation Name)	(Document #)
4(Corporation Name)  Walk in Pick up time Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication	(Document #)  Certified Copy  Photocopy  Certificate of Stefus  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal
Other  OTHER FILINGS  Annual Report Fictitious Name	Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

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

Pursuant to the pro the undersigned corp submits the followin	ooration organi	zed under the law.	s of the State of $\_$	Horid	a	
the State of Florida.  1. The name of the c						
2. The mailing addre	ess of the corpor	ration is: 391	, W. DEC A. Roei	LEON S	3609	G
3. Date of incorpora	ation/qualification					00 6400
4. The name and add	lress of the curr	ent registered age	nt and office:			
5. The name and add	AMPA, Address of the new 1722 M. Bellear	. Spatiqueredith ( Feorida	ect '609 and office: (P. O.  (ane 3 3 756	1636	PM 2: 04 OF STATE E. FLORIDA	
The street address of agent, as changed, v	of its registered will be identical	office and the stre l.	eet address of the	business of	fice of its reg	istered
Such change was at authorized by the beautiful Land (Signature of an CHERYL L.	officed, chairman	solution duly adop	oted by its board o	of directors	or by an office  Applor  (Date)	er so
Having been named corporation, I here I further agree to comperformance of my registered agent.	d as registered by accept the a	agent and to acce ppointment as res provisions of all in familiar with an	pt service of proc gistered agent and statutes relative t	d agree to a o the prope igation of m	ci in inis cape r and complet	ıcity. e
If signing on behalf of	<b>.</b>		0		Apir	
CHERYL C.	d or Printed Name)		REGIST	(Capacity)	7795101	·

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