

Division of Corporations Public Access System

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To: Division of Corporations

Fax Number : (850)205-0380

Account Name Account Number : 120000000003

: GARY M. BERKSON, P.A.

: (407)841-4141

Fax Number

: (407)841-4148

REGISTERED AGENT CHANGE

AIRWAVE COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

9/5/2002

TO:

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Amendment Section Division of Corporations

TRANSMITTAL LETTER

SUBJECT: AIRWAVE COMMUNICATIONS, INC. (Name of corporation)
DOCUMENT NUMBER: <u>r99000102975</u>
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:
Thomas P. Moran (Name of person)
Moran & Shams, P.A. (Name of firm/company)
P.O. Box 472 (Address)
Orlando, Fl 32802 (City/state and zip code)
For further information concerning this matter, please call:
Thomas P. Moran at (407) 841-4141 (Name of person) at (407) (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 409 E. Gaines Street Tallahassee, FL 32399

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CR2E045(07/02)

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

	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, I 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.	The state of the s
1. The name of	the corporation: Airwaye Communications, Inc.
2. The principa	office address: 1452 E. Michigan Street, Suite 102
Orland	o, FL 32806
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 11/22/1999 Document number: P99000102975
5. The name an Florida Depa	d street address of the current registered agent and registered office on file with the rtment of State:
	Thomas P. Moran
_	111 N. Orange Ave., Suite 1200
	Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Michael J. Moran	
•	1452 E. Michigan Street
•	(P.O. Box or personal mailbox NOT acceptable) Orlando, FL 32806
-	Orlando, FL 32806
agent, as change	ess of its registered office and the street address of the business office of its registered and will be identical.
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	chairman or vice chairman of the board) (Printed or typed name and title)
I hereby accept I further agree t performance of registered agen office address, I	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as . Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.
muches	Production of Registered Agent) 7-5-2002
If signing on behalf	of an entity:
Michael	.T. Maran
- (I)	(Capacity) * * * FILING FEE: \$35.00 * * *
	· Pilaing Pedi 49940 · · ·

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

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