

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

L906
0836122
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
6/6/2013 10:57:45 AM
Fee receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Principal Office Address

POC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

BLUE JAY WIRELESS, LLC

which is organized in the state of Texas, and for that purpose submits the following statements:

1. Address of current principal office

5010 ADDISON CIRCLE
ADDISON, TX 40601

2. Principal office is hereby changed to:

5010 Addison Circle
Addison, TX 75001

3. Signature of officer or chairman of the board

Gina Mulligan, Special Manager Signature and Title
Type or print name and title
6/6/2013 10:57 AM Date

0836122.06

bschell
ADD

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/17/2012 12:18 PM
Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)	FBE
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Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : profit corporation (KRS 271B), nonprofit corporation (KRS 273), professional service corporation (KRS 274),
 business trust (KRS 386), limited liability company (KRS 275), professional limited liability company (KRS 275),
 limited partnership (KRS 362).

2. The name of the entity is Blue Jay Wireless, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Texas

5. The date of organization is March 15, 2012 and the period of duration is Perpetual
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
5010 Addison Circle, Addison, TX 75001
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 W. Main, Frankfort, KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is CSC-Lawyer's Incorporating Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Mark Sparks 5010 Addison Circle, Addison, TX 75001
Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

Samuel Wareikis David Wareikis, Authorized Person August 2, 2012
Signature of Authorized Representative Printed Name & Title Date

CSC-Lawyer's Incorporating Service Company

I, _____, consent to serve as the registered agent on behalf of the business entity.

By: Adam Cooper Assistant VP 8/16/2012
Signature of Registered Agent Printed Name Date
(01/12)