

BO7 000000322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

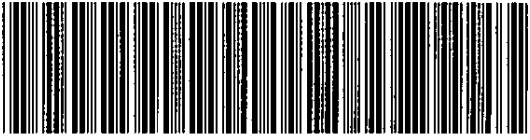
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

G. MCLEOD
Office Use Only
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EXAMINER



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04/20/09--01037--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 20 PM 4: 15

April 15, 2009

VIA US REGULAR MAIL

Florida Department of State
Division of Corporation
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Phone Directories Company, LP**

Dear Sir or Madam:

On behalf of the above-referenced limited partnership, enclosed please find the following for filing with the Florida Secretary of State:

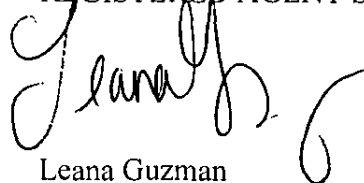
1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in black ink, appearing to read "Leana Guzman", written over the typed name.

Leana Guzman

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PHONE DIRECTORIES COMPANY L.P

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/18/2007

Date of filing/registration in Florida

3. B07000000322

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

REGISTERED AGENT SOLUTIONS, INC.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

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 obligations of my position as registered agent.



Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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