

FO2000000764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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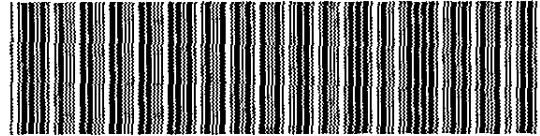
(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AR
11/27/02



ACCOUNT NO. : 072100000032

REFERENCE : 834765 7157369

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pizant

ORDER DATE : November 26, 2002

ORDER TIME : 1:52 PM

ORDER NO. : 834765-045

CUSTOMER NO: 7157369

CUSTOMER: Ms. Leticia Magana
Quanta Services, Inc.
1360 Post Oak Blvd
Suite 2100
Houston, TX 77056

CHANGE OF AGENT

NAME: PROFESSIONAL TELECONCEPTS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon/ceh

**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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROFESSIONAL TELECONCEPTS, INC.
2. The principal office address: Route 12 South P.O. Box 303
Norwich, NY 13815
3. The mailing address (if different): _____
4. Date of incorporation/qualification: February 12, 2002 Document number: P02000000764

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capitol Corporate Services Inc.

1333 North Duval St.

Tallahassee, FL 32303

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

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Laura R. Dunlap
(Signature of an officer, chairman or vice chairman of the board)

Laura R. Dunlap, Attorney in Fact
(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.

Maria S. Replogle
(Signature of Registered Agent)

11-22-02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

Maria S. Replogle
as its agent
(Capacity)

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

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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