To:

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

DEC 15 2017

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CALL ONE INC. OF ILLINOIS

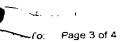
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	CALL ONE INC.
	Name of Corporation
DOCU	F93000003116 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
1 10000	Telatrical contespondence conserving and matter so me to the first
	Amanda Jackson
	Name of Contact Person
	CT Corporation System
	Firm/Company
	155 Federal Street, Suite 700
	Address
	Boston, MA 02110
	City/State and Zip Code
	bmenkes@mandellmenkes.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Bruce	Menkes, Mandell Menkes LLC at (312 251-1003 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35:00 check made payable to the Department of State.
	Malling Address: Amendment Section Division of Corporations P.O. Box-6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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 tatement of change is submitted for a corporation organized under the laws of the State of Himois	
in order to change its registered office or registered agent, or both, in the State of Florida.	
. The name of the corporation: CALL ONE INC.	
2. The principal office address: 225 W. WACKER DRIVE 8TH FLOOR CHICAGO; IL 60606	_
3. The mailing address (if different):	<u>-</u>
4. Date of incorporation/qualification: 07/07/1993 Document number: F93000003116	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
WEIN, BILL	
1101 GULF BREEZE BOX 141	
GULF BREEZE, FL 32561	•
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	***
CT Corporation System	***
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	
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.	
Stensage of an officer of director	
Signistic of an officer of director 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.	
C T Corporation System (1987) By: 12/13/2017	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)