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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

> LLC REGISTERED AGENT CHANGE USCARRIER TELECOM, LLC

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Corporate Filing Menu

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10/8/2012

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CT CORPORATION

T. HAMPTON

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company: USCarrier Te	lecom, LLC
2. (a) Principal office address of limited liability comp	pany:
(Note: MUST BE STREET ADDRESS)	400 Contermial Parkway, Suite 200 Louisville, CO 80027
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
03/24/2000	M0000000576
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address:  CT Corporation System  1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited (e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
Ken desGaronnes	•
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	·
Signature of Registered Agent Assistant Secretary	N O C Tallahanna EV 20214
Division of Corporations, P.O. Box	: 6327, Tallahassee, FL 32314

INHS18 (05/08) - 11/16/20to CT System Online

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By:

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