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Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

MAIL TERMINAL SERVICES, LLC

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

Pursuant to the provisite liability company submit agent, or both, in the Sta	ts the following	608,416 or 608.508, Florida statement in order to change	Statutes, the undersigned limited its registered office or registered
1. The name of the limit	ed liability com	pany is: Mail Terminal Services, I	LTC
2. The mailing address of	of the limited lia	bility company is :	
196 Van Buren Street, Suite	202, Herndon, VA	20170	
		M0400000	DATAS
10/12/2004			
3. Date of filing/registra	non in Fiorios	4. Docum	gent number
5. The name of the regist Florida Department of	ered agent and t State:	he registered office address as	shown on the records of the
	Comporation Service		, 
		Name	
	1201 Hays Street	Address	
	Talishassee, FL		
		City, State and Zip	<del></del>
6. The name and address	of the new regis	stered agent and/or office:	
	_		
	CT Corporation	System	
		Name	
	1200 South Pine I	address (P.O. Box NOT accept	manie)
	1,101109 Street	dutiess (F.O. Dox 2401 dece	· • • • • • • • • • • • • • • • • • • •
	Plantation	FL 33324	<u> </u>
	<del></del>	City, State and Zip	O4 OCT
confirmed that after the cland the business office of liability company, it is her	hange or change the registered a reby confirmed ad liability comp of the lumited lia	gent will be identical. Or, in the that the change(s) was/were an early or as otherwise provided in bility company.	tate of Florida, it is hereby  Address of the registered office
Katrin B. Craun - Authorized (Printed or typed name of signes)	Representative, Lo	oral Department	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 508, F.S. Or, if the address, I hereby confirm CT Coppysion System			this capacity. I further agree to splete performance of my duties, stered agent as provided for in change in the registered office stified in writing of this change.
(Signature of Registered Agent)	ANCERA	PUTTY NPS ASST. SEC.	
Divisio	n of Corporation	ons, P.O. Box 6327, Tallahas	see, FL 32314
UARS18(10/56)		FILING FEE: \$25.00	

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