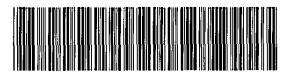
P00902

DIVISION OF CORPORATIONS
2005 DEC -5 PM 1:50

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Ame Divis	endment Section ision of Corporations			
SUBJECT: ETALK CORPORATION (Name of corporation)				
DOCUMEN	NT NUMBER: P00902			
The enclosed	d Statement of Change of Registered Office/Agent and fe	ee are submitted for filing.		
Please return	n all correspondence concerning this matter to the follow	ing:		
JENNIFER SWANTEK (Name of person)				
	(traine of person)			
DEL	ANEY CORPORATE SERVICES			
	(Name of firm/company	у)		
000 DD	DARAGE SUPER COA			
800 BR	RAZOS STE. 620 (Address)			
AUST	TIN, TX 78701			
	(City/state and zip code	>)		
For further in	information concerning this matter, please call:			
JENNIFE	CR SWANTEK at U	(877) 499-7900		
	(Name of person)	(Area code & daytime telephone number)		
Enclosed is	a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1508, o		
=	nitted for a corporation organized under the laws of the S egistered office or registered agent, or both, in the State o	•	in order
C		у 140нии.	
1. The name of	f the corporation: ETALK CORPORATION		
2. The principa	d office address: 4040 WEST ROYAL LANE, SUITE	100	
IRVING, T	TX 75063		
3. The mailing	address (if different):		
			9
4. Date of inco	rporation/qualification: 02/13/1984 Document	nt number: P00902	DIN 1510
	nd street address of the current registered agent and registerent of State:	ered office on file with the	1005 DEC -5
	CT Corporation System		24
	1200 S. Pine Island Road		ب. د
	PLANTATION, FL 33324		•
6. The name ar (if changed)	nd street address of the new registered agent (if changed)	and /or registered office	
	NRAI Services, Inc.		
	2731 Executive Park Drive, Suite 4		
	(P.O. Box or personal mailbox NOT accept	table)	
	Weston, FL 33331		
The street add changed will b	ress of its registered office and the street address of the e identical.	business office of its registered	l agent, as
Such change v	vas authorized by resolution duly adopted by its board one corporation has been notified in writing of the chang	of directors or by an officer so ge.	authorized by
	(Signature Disposition of director)	M E. BULLOCK (Printed or typed name and bile)	
I hereby accept further agreed duties, and I a being filed me.	of the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to m familiar with and accept the obligation of my position rely to reflect a change in the registered office address, n writing of this change.	, ,,	
by:	(Signature of Registered Agent)	11/8/05 (Date)	
If signing on b	ehalf of an entity:	0 1 0	ı
JENI	lifer Swantek	asst Se	cretary
	(Typed or Printed Name)	(Canacity)	

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