F0300000631

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TRANSMITTAL LETTER

Division of Corporations	-~
SUBJECT: My Tel Co Communications, Inc. (Name of corporation)	
DOCUMENT NUMBER: F0300000631	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the following:	•
Maria Abbagnaro (Name of person)	•
My Tel Co Communications, Inc.	J. 03
(Name of firm/company)	SEP F
54 Danbury Road, #370 % (Address)	11 PN 2: 55
Ridgefield, CT 06877 (City/state and zip code)	2: 55
For further information concerning this matter, please call:	
Maria Abbagnaro at (914) 712-3415 (Name of person) (Area code & daytime telephone number)	* ÷ .
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTill I. Street32300	
Tallahassee, FL 32314 Tallahassee, FL 32399	

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

	-		.0502, 607.1508, or organized under the			es,
New York	in order to	change its registere	d office or registere	d agent, or bot	th, in the Sta	ate
of Florida.						
1. The name of	f the corporation:	My Tel Co.	Communication	s, Inc.		
2. The principa	al office address:	2500 Silve	rstar Road, S	uite 500		
		Orlando, F	lorida 32804			
3. The mailing	address (if differen	t):	<u></u>		-	<u></u>
			~~~ <u>~</u>		<u> </u>	
4. Date of inco	rporation/qualificat	ion: <u>2/6/03</u>	Document	number: <u>FQ30</u>	00000063	1
	nd street address of artment of State:	the current registered	d agent and registere	d office on file	with the	
	Patrick Fr	eeman			***	
	124 Olympu	s Drive				
	Ocoee, Flo	rida 34761			 -	
6. The name a	and street address o	of the new registere	d agent (if changed)	and /or regist	tered office	(if
changed):	Patrick Fr	eeman	·	· · · · · · · · · · · · · · · · · · ·	<del></del> .	
	2500_Silve	rstar Road. (P.O. Box or personal mailbo	Suite 500 ox NOT acceptable)		T. T.	٠
	Orlando, F	lorida 32804	·			
			et address of the bus			
Such change v	was authorized by re	esolution duly adopted a sporation has been	ted by its board of di notified in writing o	rectors or by a f the change.	ın officer so	•
7 7 N I I	11 ~	<del></del> .	Patrick Freen (Printed or typed		_	
I hereby accept further agree	e to comply with the	as registered agent a provisions of all st	and agree to act in t atutes relative to the	his capacity proper and co	omplete	CEO
performance of registered age office address	of my duties, and I dent. Or, if this docu I hereby confirm t	im familiar with and ment is being filed i hat the corporation	l accept the obligati nerely to reflect a cl has been notified in	on of my position of the rewriting of this	ion as gistered s change	0
(XVI	Signature of Registered Age		9/9/03	ite)		03 SI
If signing on beh	,	~~~ <i>'</i>	• /	,	IIAS	1 633
				<u></u>	S.Z.	
_ ·	(Typed or Printed Name)	* * * FILING FEI		pacity)	T.S.	PH 2
		TILLING FOR	a. 433.00			تب

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILED