

176356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

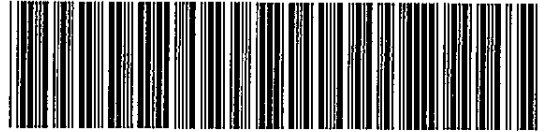
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4/19/04
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLTEL FLORIDA, INC.
(Name of corporation)

DOCUMENT NUMBER: 176356

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA ADAIR
(Name of person)

ALLTEL CORPORATION
(Name of firm/company)

ONE ALLIED DRIVE, B1F06-B
(Address)

LITTLE ROCK, AR 72202
(City/state and zip code)

For further information concerning this matter, please call:

LINDA ADAIR at (501) 905-5079
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

REC-111
04 APR 16 PM 2:58
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALLTEL FLORIDA, INC.

2. The principal office address: 206 WHITE AVENUE SE, LIVE OAK, FL 32060-0343

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/04/1953 Document number: 176356

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GEORGE W LEE

206 WHITE AVENUE, SE

LIVE OAK, FL 32060

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T CORPORATION SYSTEM

660 EAST JEFFERSON STREET

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32301

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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.

Francis X. Frantz
(Signature of an officer or director)

FRANCIS X. FRANTZ, SECRETARY
(Printed or typed name and title)

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.

[Signature]
(Signature of Registered Agent)

4/15/04
(Date)

If signing on behalf of an entity:

J L Miles
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314