Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

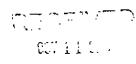
Account Number : I20100000062

Phone : (888)705-7274

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Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE TELEPHONE SERVICES, INC.



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Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: TELEPHONE SERVICES, INC.				
Name of Corporation DOCUMENT NUMBER: 389899				
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:				
Justine Karnell				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd, Ste 300				
Address				
Austin, TX 78744				
City/State and Zip Code				
notices@rasi.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Justine Karnell				
Justine Karnell Name of Contact Person Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida orporation organized under the laws of the State of the Beat organized usern or both in the State of	Tionda
- 	d office or registered agent, or both, in the State of	
1. The name of the corporation: TELE	PHONE SERVICES, INC.	ULE TY 75057
2. The principal office address: 1501 E	EAGLE COURT SUITE 1101, LEWISV	ILLE, 1X 70007
3. The mailing address (if different):		
4. Date of incorporation/qualification:	10/19/1971 Document number: 3898	99
	urrent registered agent and registered office on file	
CT CORPORATI	ON SYSTEM	
1200 S. PINE ISLA PLANTATION, FL		SECRETAR SECRETAR
(if changed):	ew registered agent (if changed) and /or registered	HARSEE. F
Registered Age	nt Solutions, Inc.	-r≥ ~
155 Office Plaza		
Tallahassee, FL	P.O. Box NOT acceptable 32301	<u> </u>
as changed will be identical.	fice and the street address of the business office of	
Such change was authorized by resolu authorized by the board, or the corpor	ation duly adopted by its board of directors or by ration has been notified in writing of the change.	an officer so
151 William Beatty	William Beatty	President
I further agree to comply with the pro- performance of my duties, and I am f	Protest or types tame and agree to act in this capacity, ovisions of all statutes relative to the proper and camiliar with and accept the obligation of my positive merely to reflect a change in the registered of has been notified in writing of this change. 10/11/2018	complete tion as registered
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Justine Karnell - Assistant S	Secretary	
Typed or Printed Name	* * * FILING FEE: \$35.00 * * *	