

# 808271

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

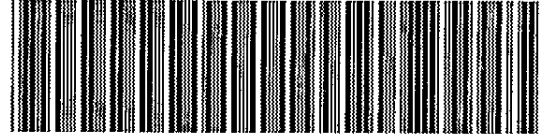
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS

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TALLAHASSEE  
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FLORIDA

**Document Number Only**

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

**CORPORATION(S) NAME**

*Frontier Communications of the South, Inc*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     |   |  |
| <input type="checkbox"/> Foreign                       | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
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THANKS  
CONNIE BRYAN

**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, the undersigned corporation organized under the laws of the State of Alabama submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation : Frontier Communications of the South, Inc.
- 2. The mailing address of the corporation : 3 High Ridge Park, Stamford, CT 06905
- 3. Date of incorporation/qualification: November 12, 1992 Document number: 808271

4. The name and address of the current registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
Plantation, Florida 33324

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.

*Robin LaPeters*  
 (Signature of an officer, chairman or vice chairman of the board)  
**Robin LaPeters**  
**Assistant Secretary**  
 (Printed or typed name and title)

11/26/02  
 (Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

C T Corporation System  
 By: *Connie Bryan* (Signature of Registered Agent) 12/27/02 (Date)

If signing on behalf of an entity: **CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
 (Typed or Printed Name) (Capacity)

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