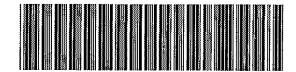
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C T CORPORATION SYSTEM		~.
Requestor's Name 660 East Jefferson Street		•
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CORPORATION(S)	NAME	

Evantiar A		Of the South, Inc
	mmun ra i i i i i i	DF THE SOUTH TAKE
() Profit	/	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
() NonProfit () Limited Liability Company	() Amendment	() Merger
() Foreign	() Dissolution/Wit	hdrawal () Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	Y Change of R.A.
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CR2E031 (1-89)

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

-	•			17.1508, Florida Statutes,
~	wing statement i		of the State of Alabama registered office or re	gistered agent, or both, in
•		rontier Communications	of the South, Inc.	
2. The mailing ac	idress of the corp	ocration : 3 High Ridge	e Park, Stamford, CT 0690	5
3. Date of incorp	ooration/qualifica	tion: November 12, 19	92 Document nur	mber: 808271
4. The name and	address of the cu	irrent registered agen	t and office:	7 S
<u>C</u>	orporation Service	Company		_ E B T
13	201 Hays Street			_ 88 2 5
	allahassee, FL 323			_ AG 2 C
5. The name and	address of the ne	ew registered agent (i (P. O. Box Not a	f changed) and/or regist Acceptable)	rered office (if changed):
<u>c</u>	T Corporation Syst	em		
<u>c/</u>	o CT Corporation	System, 1200 South Pine	Island Road,	
	lantation, Florida 3			
The street address agent, as changed	ss of its registere d, will be identic	d office and the streetal.	et address of the busine	ess office of its registered
				tors or by an officer so
	Politica	, let		11/24/02
(Signature of	an officer, chairman	or vice chairman of the boa Robin LaPete		(Date)
		Assistant Secre		
**	(Printed or typed	•		11
corporation, I he I fürther agree to	ereby accept the comply with the ny duties, and I comply with the ny duties, and I comply with the new terms of the new terms	appointment as regis e provisions of all sta	t service of process for stered agent and agree stutes relative to the pr accept the obligation	to act in this capacity. oper and complete
	gnature of Registered	Buy_	(Date)	12127102
If signing on behalf		CONNIE BRYAN SPECIAL ASSISTAN		
(T ₎	ped or Printed Name			acity)
		* * * FILING FEE	: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314