

B00000000255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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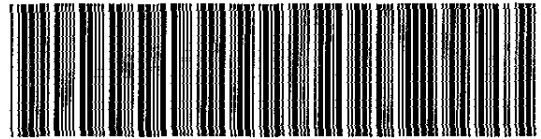
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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06 MAR 23 AM 10:40  
DIVISION OF REGISTRATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 928044 7196393

AUTHORIZATION

*Spuddean*

COST LIMIT : \$ 35.00

ORDER DATE : March 17, 2006

ORDER TIME : 9:33 AM

ORDER NO. : 928044-200

CUSTOMER NO: 7196393

CHANGE OF AGENT

NAME: WILTEL COMMUNICATIONS  
PROCUREMENT, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WILTEL COMMUNICATIONS PROCUREMENT, LP  
Name of the limited partnership

2. 08/24/2000 Date of filing/registration in Florida      3. B00000000255 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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5. The name and address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Maureen Cullen  
Signature of General Partner

Maureen Cullen, Attorney in Fact on behalf of Wiltel Communications, LLC - GP  
*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 obligations 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 limited partnership has been notified in writing of this change.*

Corporation Service Company  
Sylvia Queppet  
Signature of Registered Agent Sylvia Queppet, Asst. VP

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**