

1306000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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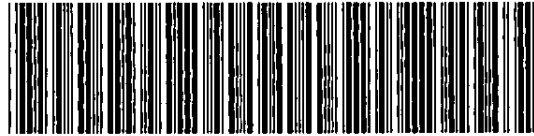
(Business Entity Name)

(Document Number)

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B. KOHR

MAR 18 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 925182 4340722

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 16, 2009

ORDER TIME : 10:53 AM

ORDER NO. : 925182-007

CUSTOMER NO: 4340722

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: THE SIGNAL

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. TELECOMMUNICATIONS INSURANCE SERVICES, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/11/2006

Date of filing/registration in Florida

3. B06000000445

Florida document number

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

John D Hatch, Esq.

Name

1267 Berkshire Lane, Suite 200

Address

Tarpon Springs, FL 34688

City, State and Zip

5. The name and Florida street 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) is/are effective when filed by the Florida Department of State.

Signature of General Partner

SEE ATTACHED EXHIBIT A

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.

Corporation Service Company

By: Michelle R. Vannoy

Signature of Registered Agent Michelle R. Vannoy, Assistant VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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EXHIBIT A
TO FLORIDA LIMITED PARTNERSHIP STATEMENT OF CHANGE OF
REGISTERED AGENT FOR
TELECOMMUNICATIONS INSURANCE SERVICES, LP

Applicant Officer's Certification and Attestation

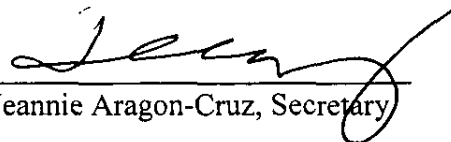
1. I acknowledge that I am authorized to execute and am executing the above-mentioned document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the information contained in the above-mentioned document, of which this exhibit is attached thereto, is true and correct, executed at **Miami, Florida**.

3/12/09

Date:

**The Signal LP, d/b/a Telecommunications
Insurance Services, LP**

By its General Partner, Signal GP LLC,
By its Sole Member, Signal Holdings LLC,
By its duly authorized officer

By: 

Jeannie Aragon-Cruz, Secretary