

ACCOUNT NO. : 07210000032

REFERENCE

817603

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 31, 2000

ORDER TIME : 2:40 PM

ORDER NO. : 817603-010

CUSTOMER NO: 7220808

CUSTOMER: Ms. Christine Apter

Teleplace, Inc. 1515 South Federal Highway

Suite 302

Boca Raton, FL 33432

CHANGE OF AGENT

NAME: TELEPLACE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

900003379629--4

## 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 <u>DELAWAGE</u> 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 is: TELEPLACE, INC.
2. The mailing address of the corporation is: 1515 S. FEDERAL HIGHWAY
SUITE 302 BOCA LATON FL 33432
3. Date of incorporation/qualification: 114100 Document number: F000000256
4. The name and address of the current registered agent and office:
UNITED CORPORATE SERVICES, INC. 25 8
9200 S. DADELANO BLVO SUITE 508 至 号 日
MIAMI FL 33156
5. The name and address of the new registered agent and officer.
Corporation Service Convany
1201 HAYS STREET U
TALLAHASSEE FL 32301
The street address of its registered office and the street address of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
authorized by the board.  8 29 (co
(Signature of an officer, chairman or vice chairman of the board) (Date)
SCOTT HAUGUANO PRESIDENT (Printed or typed name and title)
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
BRIAN COURTNEY, ASST. V.P. 8/31/7000
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS