⊙ 04/01/201

570210

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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H190001070283ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

: (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE BROADVIEW NETWORKS, INC.

Certificate of Status	0
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Page Count	01
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Help

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BROADVIEW NETWORKS, INC.

Name of Corporation

DOCUMENT NUMBER:

F00000005154

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

888

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	mge is submitted f	or a corporation org	1502, 607,1508, or 617,1508, F canized under the laws of the S istered agent, or both, in the St	tate of New York	
1. The name of	the corporation:	ROADVIEW	NETWORKS, INC	3 .	
2. The principal	office address: 4	001 RODNE	Y PARHAM ROAD		
	ROCK,	AR	72212		
3. The mailing a	address (if differen	t):			
4. Date of incor	poration/qualiticat	ion: 09/13/200	Document number:	F00000005154	
		the current registered resigned, enter resig	d agent and registered office or med)	n file with the	
	C T CORE	PORATION S	SYSTEM		
	1200 SOL	ITH PINE IS	LAND ROAD		
	PLANTAT	ION, FL 333	24		
6. The name and (if changed):	d street address of	the new registered a	gent (if changed) and /or regist	ered office	
	Registered A	gent Solutions	, Inc.		
	155 Office P	laza Dr., Suite	Α	201	
		P.O. Box. N	OT acceptable	2019 API	
	Tallahassee	, FL 32301			
- -			et address of the business offic	ا الله السياد السياد السياد الله السياد الله السياد الله السياد الله السياد الله الله الله الله الله الله الله	
Such change wa authorized by the	ns authorized by re ne board, or the co	esolution duly adopt rporation has been r	ed by its board of directors or notified in writing of the change	by an officer so	
/S/ Michelle	Simpson re of an officer or directo		Michelle Simpso		
I hereby accept I further agree to performance of agent. Or, if the	the appointment a to comply with the my duties, and I a is documents bei	ns registered agent a provisions of all sta m familiar with and ng filed merely to re	ind agree to act in this capaci stutes relative to the proper as accept the obligation of my p flect a change in the registere in writing of this change.	ty. nd complete assition as registered	
<u> </u>		04/01/2019	-		
·	nauth of Registered Age half of an entity:	ul	Date		
	V iell - Assistar	nt Secretary			
	ped or Printed Name				
* * * FILING FEE: \$35.00 * * *					