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To: Division of Corporations Fax Number : (850)617-6380

From;

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368



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

Email Address:

REGISTERED AGENT CHANGE INTELLIFIBER NETWORKS, INC.

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SUBJECT:

COVER LETTER

TO: Amendment Section Division of Corporations

INTELLIFIBER NETWORKS, INC.

Name of Corporation

DOCUMENT NUMBER:____

F01000002797

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

Karen.Ferrini@PaeTec.com

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

at

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytune 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

CR2E045 (\$/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTELLIFIBER NETWORKS, INC.

2. The principal office address: 600 Willowbroook Office Park, Fairport, NY 14450

3. The mailing address (if different):_

4. Date of incorporation/qualification: 05/24/2001 Document number: F01000002797

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE

WESTON, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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Allison Fisher - Secretary Printed or typed name and title

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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 registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

Sharon R. Kresz 12/28/2010 Assistant Secretary Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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