Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000268972 3)))



H100002689723AHC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone 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:

RECEIVED

DEC 15 AM 10: 01

REGISTERED AGENT CHANGE NORLIGHT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA Change 12-15-10

https://efile.sunbiz.org/scripts/efilcovr.exe

12/15/2010

COVER LETTER

TO: Amendment So Division of Co	ection rporations			
SUBJECT:	Norlight,	Inc.		
	Name of 0	Corporation		
DOCUMENT NUMB	er: Fo	01000005211		
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
-	•	· ·		
Name of Contact Person				
	•			
Firm/Company				
Address				
	City/State or	ad Zip Code		
	City/Biate a	m zip code		
Sa	ndra.Blade@windstream.c	on		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
·				
	G	at () Area Code & Daytime Telephone Number		
Name of	Contact Person	Area Code & Daylime Telephone Number		
Enclosed is a \$35.00 che	ck made payable to the Depart	ment of State.		
j	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Fallahassee, FL 32314	2661 Executive Center Circle		
	•	Tallahaccae El 32301		

21,006 - 07/23/2009 C T System Online

CR2E045 (8/05)

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

statement of ch	e provisions of sections av7.0302, 617.03 tange is submitted for a corporation orga ter to change its registered office or regis	mized under the laws of the State o	Kentucky	
	f the corporation: Norlight, Inc.	uerea agent, ur boan, in the state of		
2. The principa	d office address:			
	STREET OVERLAND PARK KS 66214 address (if different):			
4. Date of incor	poration/qualification: 10/03/2001	Document number:	F01000005211	
5. The name and Florida Depar	d street address of the current registered a rument of State: (If resigned, enter resigne	agent and registered office on file ved)	vith the	
	NRAI SERVICES, INC.	·	<u></u>	
	2731 EXECUTIVE PARK DRIVE SUIT	E4		
	WESTON FL 33331			
6. The name end (if changed);	d street address of the new registered ages	nt (if changed) and /or registered or	flice 55	
	C T Corporation System		_ 2	
	c/o C T Corporation System, 1200 South I	Pine Island Road	100	
•	P.O. Box NO	T acceptable		
	Plantation, Florida 33324		_	
The street addre	ess of its registered office and the street be identical.	address of the business office of	its registered agent,	
Such change wa nuthorized by th	as authorized by resolution duly adopted to board, or the corporation has been no	d by its board of directors or by a titled in writing of the change.	n officer so	
Miz	STI AN OWN OF DIFFERENCE OF	Knisti Moody P	15st. Sec.	
	the appoinment as registered agent an o comply with the provisions of all statt d I am familiar with and occept the obli ng filed merely to reflect a change in th been notified in writing of this change.	d agree to act in this capacity utes relative to the proper and co- leation of my pusition as register e registered office address, I here	mplete p erform ance ed agent. Or, if this by confirm that the	
By Kal	Corporation System LOCA Laure of Registered Agent	id to aoio		
f signing on beh	half of an entity:			
Assistant Socretary Rebecos Barth				
(A)	ped or Printed Name			

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

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)