

FO1000005407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

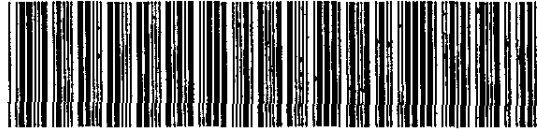
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/02/04--01017--015 **35.00

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2004 NOV 24 AM 7:54
TALLAHASSEE, FLORIDA

R.A. Charge

Q. Conditio NOV 24 2004



NATIONAL SERVICE INFORMATION, INC.

www.nsii.net

October 28, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith

Corporate Services Manager



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 10, 2004

NSI
TRACI SMITH
PO BOX 6293
MARION, OH 43301-6293

SUBJECT: AVANTE TELADVANCE, INC.
Ref. Number: F01000005407

We have received your document for AVANTE TELADVANCE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

I am sending you a correct application to use, you have filled out the wrong one.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 904A00064411

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avante Teladvance, Inc.
(Name of corporation)

DOCUMENT NUMBER: F01000005407

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:

Traci Smith
(Name of person)

National Service Information, Inc.
(Name of firm/company)

145 Baker Street
(Address)

Marion, OH 43302
(City/state and zip code)

For further information concerning this matter, please call:

Traci Smith at (740) 387-6806
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Avante Teladvance, Inc.

2. The principal office address: 5155 Financial Way, Mason, OH 45040

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/17/2001 Document number: F01000005407

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

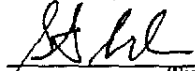
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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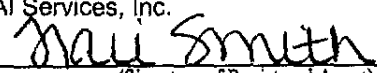
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Stephen Schaller, Secretary
(Printed or typed name and title)

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 document 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.

NRAI Services, Inc.
by: 
(Signature of Registered Agent)

11/18/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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