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PICK-UP WAIT MAIL				
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R.A

BOWN 2/25/11



FILING REQUEST

February 17, 2011

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

BULLSEYE TELECOM, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 36400 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions. Thank you!

Melissa Hobbs

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of $_{ extstyle -}$	Michigan
		or registered agent, or both, in the State of I	Florida.
1. The name of the corporation: BullsEye Telecom, Inc.			
2. The principal	l office address: 25925 Telegraph	Road, Suite 210, Southfield, MI 48033	
			·
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 4/08/2002	Document number: F0200	0001768
5. The name and		istered agent and registered office on file wi	
	CT Corporation System		_
	1200 S. Pine Island Road	<u>t</u>	
	Plantation, FL 33324		ZILL FEB 24 TALL ARSS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	NRAI Services, Inc.		- FRA Z
		Drive, Suite 4	TELL STATE
	(P.O. Box NOT	acceptable)	67 F
	Weston, FL 33331		-
The street address changed will	ess of its registered office and th l be identical.	ne street address of the business office of it	ts registered agent,
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
- fluid	ure of an office for director)	Richard J. Koslowski, Vice Pres	
I hereby accept I further agree of my duties, ar document is bet corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and con I the obligation of my position as registere age in the registered office address, I here I change.	nplete performance d agent. Or, if this by confirm that the
Mont	AP A	2-16-11 (Date)	
If signing on be	ehalf of an entity:		
	bbs, Assistant Secretary	_	
(1	l'yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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