## F0200003623

The state of the s	
Jackie Bernu NRAI Corporate Services 590 Park Street #6 St. Paul, MN 55103	
(City/State/Zip/Phone #)	
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## , STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\cdot}$ FOR CORPORATIONS

•	order to change its registered office or registered agent, or both, in the State of Florida.
	of the corporation: Shared Technologies Inc.
2. The princi	pal office address: 2425 Gateway Dr., Irving, TX 75063
3. The mailin	ng address (if different):
4. Date of inc	corporation/qualification: 7/16/2002 Document number: F02000003623
	and street address of the current registered agent and registered office on file with the epartment of State: (If resigned, enter resigned)
	Corporation Service Comany
	1201 Hays Street
	Tallahassee, FL 32301
6. The name (if changed	and street address of the new registered agent (if changed) and /or registered office d):  NRAI Services, Inc.
	NRAI Services, Inc.
	515 East Park Avenue
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street ad as changed w	dress of its registered office and the street address of the business office of its registered agent, will be identical.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change.
Pity	Peter Brown, Vice President Printed or typed name and title
I hereby acce I further agre of my duties, document is corporation NRAI Serv	ept the appointment as registered agent and agree to act in this capacity. ee to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the has been notified in writing of this change. rices, Inc.
by:	Signature of Registered Agent Date
If signing on	behalf of an entity:
Jackie	Bernu, Assistant Secretary
	Typed or Printed Name

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