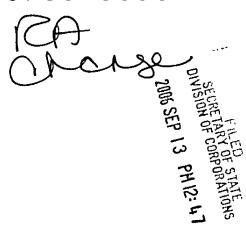
## F02000005482

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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RECEIVED

DEPARTHENT OF STATE

DIVISION OF CORPORATIONS

Ma ploc



N SERVICE COMPANY				
ACCOUNT NO. : 07210000032				
REFERENCE : 356290 7501352				
AUTHORIZATION : Spullele na.				
COST LIMIT : \$ 35.00				
ORDER DATE: September 6, 2006				
ORDER TIME : 3:22 PM				
ORDER NO. : 356290-320				
CUSTOMER NO: 7501352				
	_			
CHANGE OF AGENT				
NAME. ENDETY DELECOM INC				
NAME: ENTRIX TELECOM, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Sara Lea				
EXAMINER'S INITIALS:				

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.
1. The name of t	he corporation: EXTRIX TELECO	M, INC.
	office address: 520 Broad Street, N	
- The principal		
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 10/31/2002	Document number: F0200005482
	street address of the current registe tment of State:	ered agent and registered office on file with the
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office
	Corporation Service Company	,
	1201 Hays Street	
	(P.O. Box NOT acc	eptable)
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·
The street addre as changed will	ss of its registered office and the sbe identical.	street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
Muu	w au	Maureen Cullen, Attorney in Fact
, . <u>.</u>	re of an officer or director)	(Printed or typed name and title)
corporation nas	the appointment as registered age o comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this chestives Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance se obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the cange.
By: Uline	all	09/06/2006
(Sig	nature of Registered Agent)	(Date)
If signing on bel	half of an entity:	
Elizabeth A. Daw	son, Asst. Vice President	
(T)	yped or Printed Name)	

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

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