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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195 REFERENCE: 117378 7717549 AUTHORIZATION : COST LIMIT ORDER DATE: September 17 2009 ORDER TIME : 9:17 AM ORDER NO. : 117378-008 CUSTOMER NO: 7717549 CHANGE OF AGENT NAME: CYPRESS COMMUNICATIONS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Carina L. Dunlap

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

4. . · S

	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ			5	
	r to change its registered office or regist				
1. The name of t	the corporation: CYPRESS COMMUNIC	ATIONS OF DELAWARE, INC.			
2. The principal	office address: 4 Piedmont Center, Suite	600, Atlanta, GA 30305			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 11/04/2002	Document number: F0200000	5533		
	d street address of the current registered a rtment of State:	gent and registered office on file with	1 the		
	TCS Corporate Services, Inc.				
	515 E. Park Ave.			-	
	Tallahassee, FL 32301		SEC	738 600Z	and the same
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered offic	VETARY ( NHASSEE	17	11
	Corporation Service Company		70	2	
	1201 Hays Street		OR I	<del>::</del> 5	
	(P.O. Box NOT acceptable	)	20 mg	_	
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	registere	d agen	t,
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	ed by its board of directors or by an optimized in writing of the change.	officer so		
$\mathcal{M}_{\mathbf{A}}$	use full	Maureen Cullen, Attorney in Fact			
/ -	ure of an officer or director)	(Printed or typed name and ti			
I herely accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent at to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in th s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb e.	plete perfo l agent. O y confirm	orman or, if th that th	ce is ie
Corporation By:	n Service Company	September 10, 2009			
	gnature of Registered Agent)	(Date)			
If signing on be	chalf of an entity:				
	wson, Asst. Vice President				
(*	Typed or Printed Name)	TT			
	* * * FILING F	EE: \$35.00 * * *			

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