

F02000005789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

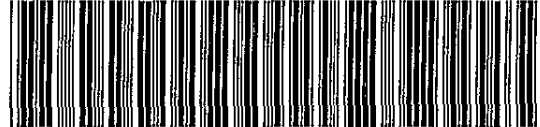
Certificates of Status _____

Special Instructions to Filing Officer:

*Mypa Simmons gave
authoriz to correct
address in Bl. 5.*

AC 8/21

Office Use Only



300022338873

08/18/03--01040--014 **35.00

FILED

03 AUG 18 AM 8 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC 8/21



August 15, 2003

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **VOLO COMMUNICATIONS, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #6329 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x153 at 800-345-4647.

Thank you,

A handwritten signature in black ink that reads 'M. Simmons'. The signature is stylized with a large, looped 'M' and a cursive 'Simmons'.

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VOLO COMMUNICATIONS OF FLORIDA, INC.
2. The principal office address: 151 SOUTH WYMORE ROAD, SUITE 3000
ALTAMONTE SPRINGS FL 32714-4254
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/2002 Document number: F02000005789
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEXISNEXIS DOCUMENT SOLUTIONS INC.

3953 W.W. KELLEY ROAD - 1201 Hays Street
TALLAHASSEE, FL 32311

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

CAPITOL CORPORATE SERVICES, INC.

1333 NORTH DUVAL ST.

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32303

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

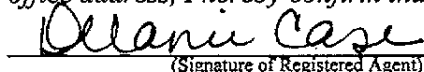
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

SHAWN LEWIS, PRESIDENT / CEO

(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.


(Signature of Registered Agent)

8 / 15 / 2003

(Date)

If signing on behalf of an entity:

Delanie Case
(Typed or Printed Name)

Asst. Sec.
(Capacity)

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

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

Return acknowledgment to: ME

Capitol Corporate Services, Inc.
P.O. Box 1831 Austin, TX 78767