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Division of Corporations

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 (850) 521-0821 (850) 558-1515 Phone

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:__

REGISTERED AGENT CHANGE NEW HORIZONS COMMUNICATIONS CORP.

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12/4/2012 10:11:56 AM PAGE 2/002 Fax Server

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.
I. The name of the corporation: NEW HORIZONS COMMUNICATIONS CORP.
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/01/2004
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NRAI Services, Inc.
515 E. Park Avenue
Tallahassee, FL 32301
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered ageff; 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.
Maureen Cathelf, Vice President Strature of an officer or director Printed or typed name and title
thereby accept the appointment as registered agent and agree to act in this capacity. If 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. Corporation Service Company
By: November 28, 2012 Date Date
If signing on behalf of an entity:
Sylvia Queppet, Asst. VP
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (03/12)