

| (Req | uestor's Name) | , |
|---------------------------|-----------------|-------------|
| bbA) | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



500331356385

19 JUL -3 FH 4: 30 19 JUL -3 &

JUL 0 5 2019 S. YOUNG

57



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 07/03/2019 | |
|--------------|-----------------------|-------------------------------|
| | Joy Weaver | |
| Reference # | £1089670 | |
| | e:IN | ITELIQUENT, INC. |
| | | rization to Transact Business |
| Amer | ndment | |
| ✓ Chan | ige of Agent | |
| Reins | statement | |
| ☐ Conv | ersion | |
| ☐ Merg | er | |
| Disso | olution/Withdrawal | |
| ☐ Fictiti | ous Name | |
| Othe | r | |
| | | |
| Authorized A | Amount: \$35.0 | 0 |
| Signature: _ | An | <u> </u> |

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

| 1. The name of | the corporation: | INTELIQUENT, IN | NC. |
|--|--|--|--|
| 2. The principal | office address: No Change | e | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: May | y 26, 2005 Document number: | F050000032 |
| | d street address of the current i rtment of State: (If resigned, ea | registered agent and registered office on nter resigned) | file with the |
| | CORPORATIO | ON SERVICE COMPANY | |
| | 1201 | HAYS STREET | 50 6 |
| | TALLAHAS | SEE, FL 32301-2525 | |
| 6. The name an (if changed): | | istered agent (if changed) and /or registe | Ted office Services FLOR |
| | COOLINGT OLG | JBAL INC. | <u> </u> |
| | 115 North Calho | oun St., Suite 4 | |
| | 115 North Calho | P.O. Box NOT acceptable | |
| The street addr | 115 North Calho Tallahassee, FL | P.O. Box NOT acceptable | |
| | 115 North Calho Tallahassee, FL ess of its registered office and | P.O. Box NOT acceptable 32301 | e of its registered ago |
| Such change wauthorized by the second | 115 North Calho Tallahassee, FL ess of its registered office and the identical. as authorized by resolution du he board, or the corporation however | P.O. Box NOT acceptable 32301 If the street address of the business officially adopted by its board of directors or last been notified in writing of the chang | e of its registered ago by an officer so e. Secretary |
| Such change wauthorized by to /S/ Scott Sa Signat I hereby accept fourther agrees | 115 North Calho Tallahassee, FL ess of its registered office and libe identical. as authorized by resolution du the board, or the corporation has wyer to comply with the provisions | P.O. Box NOT acceptable 32301 If the street address of the business officially adopted by its board of directors or last been notified in writing of the change | e of its registered ago by an officer so e. Secretary e and title |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name