

F05000005784

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

Please retain original filing date of submission 9/23/10

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

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REGISTERED AGENT CHANGE
AVAYA MANAGEMENT SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03-4
Estimated Charge	\$35.00

10

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10 SEP 23 PM 4:16

RA Change

Electronic Filing Menu Corporate Filing Menu Help

09-24-10

DC



September 24, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AVAYA MANAGEMENT SERVICES INC.
211 MOUNT AIRY ROAD
ROOM 1C519
BASKING RIDGE, NJ 07920

SUBJECT: AVAYA MANAGEMENT SERVICES INC.
REF: F05000005784

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H10000211070
Letter Number: 110A00022755

RECEIVED
10 SEP 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avaya Management Services Inc.
Name of Corporation

DOCUMENT NUMBER: F05000005784

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

tettmer@avaya.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (8/05)

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: Avayu Management Services Inc.
2. The principal office address: 211 MT. AIRY RD, BASKING RIDGE NJ 07920
3. The mailing address (if different): 211 MT. AIRY RD, ROOM 1C519, BASKING RIDGE, NJ 07920
4. Date of incorporation/qualification: 10/06/2005 Document number: F05000005784
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET, TALLAHASSEE FL 32301-2525

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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10 SEP 23 PM 4:46

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.

Joanne McCarthy
Signature of an officer or director

Joanne McCarthy, Secretary
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.

By: Rebecca Barth
Signature of Registered Agent

9/20/2010
Date

If signing on behalf of an entity:
Rebecca Barth, Assistant Secretary
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, TALLAHASSEE, FL 32314
CR2E045 (8/05)