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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521-1000 Phone

Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE TUVOX INCORPORATED

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che in orde	e provisions of sections 697.9502, 617.0502, 697.1508, or 61 lange is submitted for a corporation organized under the law der to change its registered office or registered agent, or both	w of the State of Dela	ware	
1. The name of	f the corporation; TUVOX INCORPORATED			
• •	al office address:	···		
11808 Mir	racle Hills Drive Omaha, NE 68154			
3. The mailing	address (if different):			18-18-18-18-18-18-18-18-18-18-18-18-18-1
4. Date of incor	prporation/qualification: 11/07/2005 Document in	number: <u>F050000065</u>	520	
	nd street address of the current registered agent and registered artment of State;	d office on file with th	¢	,
	Manuel Bautista		e de la	
	1515 S. Federal Hwy, Suite 307		TABLE	=
	Boca Raton, FL 33432		至湯	<u> </u>
6. The name an (if changed):	nd street address of the new registered agent (if changed) and	I /or registered office	3.3884 9.44 10.44	261
	Corporation Service Company		79 79 Maco	
	1201 Hays Street			
	(P.O. Box NOT acceptable)		聖河 四	
	Tallahassee, FL 32301			
The street addr	ress of its registered office and the street address of the built be identical.	siness office of its rep	gistered age	ent,
Such change wanthorized by t	was authorized by resolution duly adopted by its board of a	lirectors or by an offi of the change.	cer so	
fe		dlik, CFO/Treasurer	r	
(- 0	· · · · · · · · · · · · · · · · · · ·	this consists.		
I further agree of my duties, a document is be corporation ha	ot the appointment as registered agent and agree to act in e to comply with the provisions of all statutes relative to th and I am familiar with and accept the obligation of my pos eing filed merely to reflect a change in the registered office as been notified in writing of this change.	e proper and complet tion as registered ag e address, I hereby co	te performa ent. Or, if onfirm that	nce this the
By:	tion Service Company	26/18 (Date)		
- age	Signature of Registered Agen;)	(Date)		<u> </u>
If signing on b	behalf of an entity:			
Elizabeth A,	Dawson, Asst. Vice President			
1	(Typetlor 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)