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COVER LETTER

Division of Corporations				
SUBJECT: PERSONAL COMMUNICATIONS, IN	NC.			
Name of Corpo	pration			
DOCUMENT NUMBER: F06000002099				
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
ANNA MANUKYAN				
Name of Contact	Person			
LEGALINC CORPORATE SERVICES INC.				
Firm/Company				
5850 GRANITE PARKWAY, STE 215				
Address				
PLANO, TX 75024				
City/State and Z	ip Code			
cliff@aboutpci.com				
E-mail address: (to be used for future annual report notification)				
	•			
For further information concerning this matter, please call:				
ANNA MANUKYAN	. 844 \ 286-0178			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departmer	nt of State.			
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee FL 32301			

CR2E045 (03/12)

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

_	· · · · · · · · · · · · · · · · · · ·	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of GEORGIA	<u>.</u>
in ordei	r to change its registered office	or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: PERSONA	L COMMUNICATIONS, INC.	
2. The principal	office address: TWO R	AVINIA DR SUITE 980	
	ATLANTA	A, GA 30346	·
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/31/2	2006 Document number: F0600002099	
	street address of the current rettment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)	
	NRAI SERVICES, INC		
	1200 South Pine Island	d Road	
	Plantation, FL 33324	TAL TAL	
The name and (if changed):	street address of the new regist	tered agent (if changed) and /or registered office	T1
	LEGALINC COR	PORATE SERVICES INC. 음은 역	1
	5237 Summerlin Con		C
	Fort Myers, FL 3390	D. Box NOT acceptable	
	7 , , , , , , , , , , , , , , , , , , ,		•
The street addre as changed will	ss of its registered office and to be identical.	he street address of the business office of its registered age	mt,
Such change wa authorized by th	s authorized by resolution duly e board, of the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	`
Bignatur	re of an officer or director	Printed or typed name and title	<u>E</u> 40R
I further agree t performance of i	o comply with the provisions o mv duties, and I am familiar w	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I notified in writing of this change.	
	2~	11/29/16	
Sign	ature of Registered Agent	Date	-
•	half of an entity:		
ANNA MAI	 	<u></u>	
Ty	ped or Printed Name		

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