## F07000000041

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DATE:

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NAME:

AFL NETWORK SERVICES, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized in order to change its registered office or registered.	d under the laws of the State	of Delay	his vare
1. The name of the corporation: AFL NE	TWORK SERVIC	ES, INC.	
2. The principal office address:			
170 Ridgeview Center Drive	Duncan	SC	29334
3. The mailing address (if different):  170 Ridgeview Center Drive Duncan	Duncan	SC	29334
4. Date of incorporation/qualification: January 3, 2007 Document number:		F07000000041	
5. The name and street address of the current registered ager Florida Department of State: (If resigned, enter resigned)	nt and registered office on fi	le with the	
Corporation Service	e Company		
1201 Hays S	treet		ر. مراثع المحسور
Tallahassee, FL	32301-2525		13 # N 13
6. The name and street address of the new registered agent ( (if changed):  National Corporate Resea		d office	13 FH 2:
155 Office Plaza Drive		<del></del>	<b>€</b> 0
Tallahassee, FL 32301	eptable		
The street address of its registered office and the street address changed will be identical.	dress of the business office	of its register	red agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notifi	its board of directors or by	y an officer so	)
Nobel Mondo	Rob Crowder, VP/Secretury/Mai	-	
Signature of an officer of director  I hereby accept the appointment as registered agent and a l further agree to comply with the provisions of all statute performance of my duties, and I am familian with and acceptant. Or if this document is being filed merely to reflect hereby confirm that the corporation has been notified in w	Printed or typed name: gree to act in this capacity s relative to the proper and ept the obligation of my pos- a change in the registered criting of this change.	complete sition as regis office addres	stered s, I
/ ly/hall	3-13-	20/3	
Signature of Registered Agent	Date		<del></del>
If signing on behalf of an entity:			

Mark Thomas, Assistant Secretary

Typed or Printed Name

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