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

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

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

Fe-41	Address:
PIEST	ACCLESS

REGISTERED AGENT CHANGE KENTUCKY DATA LINK, INC.

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

COVER LETTER

TO:	Amendment S Division of C	Section orporations		
SUBJ	ŒCT:	Kentucky Date	Link, Inc.	
		Name of	Corporation	
DOC	UMENT NUMI	BER:	07000005616	
The e	nclosed Stateme	nt of Change of Registered Off	ice/Agent and fee are submitted for filing	g.
Picaso	return all corre	spondence concerning this mat	er to the following:	
		Name of C	ontact Person	
	·	Firm/C	Company	
		Ad	dress	
		City/State	and Zip Code	
		Sandra.Blade@windstream.	· -	
	E-1	mail address: (to be used for	future annual report notification)	
For fu	ther information	concerning this matter, please	call:	
			at () Area Code & Daytime Telephon	
	Name o	of Contact Person	Area Code & Daytime Telephon	e valider
Enclos	ed is a \$35.00 cl	heck made payable to the Depa	riment 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 Ch Tallahassee, FL 32301	rele

CR2E045 (\$/05)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plorida Statutes, this tange is submitted for a corporation organized under the laws of the State of Kentucky terms to change its registered office or registered agent, or both, in the State of Florida.
	f the corporation: Kentucky Data Link, Inc.
	il office address:
3701 COMN	MUNICATIONS WAY EVANSVILLE IN 47715
3. The mailing	address (if different):
4. Date of incom	poration/qualification: 11/13/2007 Document number: F07000005616
The name an Florida Depa	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned) NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331
	NRAI SERVICES, INC.
	2731 EXECUTIVE PARK DRIVE SUITE 4
	WESTON FL 33331
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.
A paignante	A Must More or directory Printed or types white and life
I hereby accept I further agree to if my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By:	Corporation System 12 10 2010 alure of Registered Apput
f signing on bel	nalf of an entity: Assistant Secretary Rebecca Burth
Ту	ped or Printed Name

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)