

FD800005375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298670330

flach

MAY 05 2017

R. White

17 APR 13 AM 10:24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

Rec. 5/4/2017
[Signature]

ACCOUNT NO. : I20000000195

REFERENCE : 593457 7539619

AUTHORIZATION :

COST LIMIT :

[Signature]
\$35.00

ORDER DATE : April 11, 2017

ORDER TIME : 12:42 PM

ORDER NO. : 593457-040

CUSTOMER NO: 7539619

ATTN: THIS WAS SUBMITTED
ON 4/13/17 BUT NEVER
FILED AS IT SEEMS THE
FILING GOT LOST. IF POSSIBLE
I AM REQUESTING THE
ORIGINAL FILE DATE OF
4/13/17.

Thank you!

Melissa @ CSC

CHANGE OF AGENT

NAME: TAILWIND VOICE & DA'

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
17 MAY -5 AM 10:47

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAILWIND VOICE & DATA, INC.

Name of Corporation

DOCUMENT NUMBER: F08000005375

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

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

**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 MN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAILWIND VOICE & DATA, INC.
2. The principal office address: 3500 Holly Lane North Suite 10, Plymouth, MN 55447
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/22/2008 Document number: F08000005375

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)

BUSINESS FILINGS INCORPORATED

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Signature of an officer or director

Andy Siemens, CEO

Printed or typed name and title

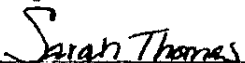
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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.

Corporation Service Company

By: 
Signature of Registered Agent

4-11-17
Date

If signing on behalf of an entity:


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 (03/12)