FIDDOOOOS

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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DEPARTMENT OF STAT

MPR 07 2017

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04-06-17

NAME:

PUBLICALL TELECOMMUNICATIONS INC

TYPE OF FILING: REGISTERED AGENT CHANGE

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

	r to change its registered office or registered agent, or both, in the State of Florida the corporation; Publicall Telecommunications Inc.	
	office address: 11014 Hawkshead Ct., Windermere, FL 34786	
3. The mailing a	ddress (if different): 13508 Summerport Village Pkwy, #355, Windermer	e, FL 34786
4. Date of incorp	poration/qualification: Document number:	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Business Filings Incorporated	7
	1200 South Pine Island Road	# 20 20 20
	Plantation, Fiorida 33324	
5. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office	
	Florida Filing & Search Services, Inc.	m _ C0
	155 Office Plaza Drive, Suite A	
	Tallahassee, FL 32301	
The street addre	ess of its registered office and the street address of the business office of its registered.	stered agent,
•	as authorized by resolution duly adopted by its board of directors or by an office to board, or the change.	
authorized by a		/ ^
/ -	Tacqueline Cumbers Tacqueline Cumbers	
Phereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	gistered ress,]
	minure of Registered Agent	
lf signing on be	half of an entity:	
	in Handan	

* * * 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)