F12000004102

(Requestor's Name)		
(Address)		
(Address)		
(iddiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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09/18/19--01021--027 **



OCT 02 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive •
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 17, 2019

Order#: 892493-006

Re: TELEPHONE SWITCHING INTERNATIONAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office

QUCA.XCOA

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

statement of ch	hange is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of TN or registered agent, or both, in the State of Florida.	
		WITCHING INTERNATIONAL, INC.	
i. the name o	al office address: 1156 WILLIAMS	SON ST MILAN TN 38358	
2. The principa	al office address:		
3. The mailing	address (if different): P.O. BOX	519, MILAN, TN 38358	
4. Date of incorporation/qualification: 10/05/2012		12 Document number: F12000004102	
5. The name at		gistered agent and registered office on file with the	
	REGISTERED AGENT SOLU	TIONS, INC.	
	155 OFFICE PLAZA DR. SUITE A		
	TALLAHASSEE, FL 32301	LAHA	
6. The name at (if changed)		ered agent (if changed) and /or registered office	
	1201 Hays Street	\$ 1	
) Box NOT acceptable	
	Tallahassee	FL 32301	
	ress of its registered office and the identical.	he street address of the business office of its registered age	
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	Xia & Cani	Jill Cilmi, Vice President	
Signa	an officer or director	Printed or typed name and title	
I further agree performance a agent. Or, if t hereby confirm	e to comply with the provisions o	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 by to reflect a change in the registered office address, I sotified in writing of this change.	
By: <u>X</u>	Irace C. Kubly	08/27/2019	
S	ignature of Registered Agent	Date	
If signing on b	pehalf of an entity:		
Grace E. Kirb	y, Asst. Vice President		
	Typed or Printed Name		

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