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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)878-5368

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

Email	Address:			

REGISTERED AGENT CHANGE FIBERLINK COMMUNICATIONS CORPORATION

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

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COVER LETTER

SUBJ	Fiberlink Communications Corporation ECT: Name of Corporation						
	·						
DOCI	P13000004138 JMENT NUMBER:						
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Antoinetta Degliomini						
	Name of Contact Person						
	Firm/Company						
	8737 Raintree Road						
	Address						
	Tinley Park, IL 60487						
	City/State and Zip Code						
	edegliomini@us.ibm.com						
	E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:						
Antoinette Degliomini 312 529-1905							
	Name of Contact Person at (Area Code & Daytime Telephone Number						
Enclos	ed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address: Amendment Section Amendment Section						

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

FL006 - 05/20/2011 Webser Klewer Onlies

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 6 nge is submitted for a corporation organized under the la						
	to change its registered office or registered agent, or bo	-					
1. The name of the	be corporation: FIBERLINK COMMUNICATIONS CORPO	RATION					
2. The principal office address: 1787 SENTRY PARKWAY WEST, BUILDING 18, SUITE 200,							
BLUE BELL,	PA 19422						
3. The mailing at	idress (if different):						
4. Date of incorp	oration/qualification: 09/25/2013 Document	number: F13000004138					
	street address of the current registered agent and register ment of State: (if resigned, enter resigned)	ed office on file with the					
	NRAI SBRVICES, INC.	<u> </u>					
	1200 SOUTH PINE ISLAND ROAD						
•	PLANTATION, FL 33324	- 7					
6. The name and street address of the new registered agent (if changed) and /or registered office Off changed):							
	C T Corporation System	AM					
•	c/o C T Corporation System, 1200 South Pine Island Road						
<u>-</u>	P.O. Box NOT ecceptable Plantation, Florida 33324						
The street addres	is of its registered office and the street address of the bu	siness office of its registered agent,					
Such change was authorized by the	s authorized by resolution duly adopted by its board of deboard, or the corporation has been notified in writing of	irectors or by an officer so f the change.					
him		KBR, ASST. SECRETARY					
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 duites, 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.							
	oration System O2 67 20	. •					
If signing on beh	alf of an entity: Max Bode Assistant Secretary	· •					
Typ	ed or Printed Name						
* * * FILING FEE: \$35.00 * * *							
MAI CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMEI IL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAI	nt of State Lahasser, FL 32314					

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