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 Phone : (512)418-6949 Fax Number : (954)208-0845

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 PTGI INTERNATIONAL CARRIER SERVICES, INC.

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

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Electronic Filing Menu

Corporate Filing Mem GOLDEN Help

JUL 1 7 2017

COVER LETTER

TO:	Amendment Section Division of Corporations					
SURTI	PTGHNTERNATIONALCARRIERSERVICES,INC.					
301101	SUBJECT: Name of Corporation					
DOCU	DOCUMENT NUMBER:					
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					
Name of Contact Person						
Firm/Company						
Address						
City/State and Zip Code						
rmeloni@ptgi-ies.com						
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
	Name of Contact Person					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	ed 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					

CR2E045(03/12)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State (egistered agent, or both, in the State (of	
1. The name of t	he corporation: PTGHNTERNATIO	NALCARRIERSERVICES,INC.		
2. The principal	office address: 13800COPPERMIN	EROAD, SUITE224, HERNDON, VAC	20171	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/07/2016	Document number: F1600	0000099	
	street address of the current registe tment of State:(If resigned, enter re-	red agent and registered office on file signed)	: with the	
	CORPORATIONSERVICECOMPA	NY	<u>~</u> 3 ~ 2	
	1201HAYSSTREET			
	TALLAHASSEE,FL32301-2525		2017 JUL 14 SEC 15:55 ALL AHASSI	<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office.				
	CTCorporationSystem		: 53	
	c/oCTCorporationSystem,1200SouthPineIslandRoad			
	P.O. Box Plantation, Florida 33324	NOT acceptable		
		rect address of the business office of opted by its board of directors or by in notified in writing of the change.		i .
Hy	ember	StephanieBoehm, Secre	•	
I further agree to performance of avent. Or, if this	my duties, and I am familiar with a	stalutes relative to the proper and conducted accept the obligation of my posity reflect a change in the registered of the change. The change is the change.	omplete ion as registered	
By:	Salure of Registered Agent	07/13/2017		
If signing on be Krist	half of an entity: In Bolden ant Secretary	, , , , , , , , , , , , , , , , , , , 		

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR2E045 (03/12)