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MAR 23 2011. ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 565481 7539619

AUTHORIZATION

COST LIMIT : \$\frac{3}{3}5.700

ORDER DATE: March 21, 2022

ORDER TIME : 9:29 AM

ORDER NO. : 565481-005

CUSTOMER NO: 7539619

CHANGE OF AGENT

NAME: CENTRATEL SERVICES

INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607.0302, 617.03 nge is submitted for a corporation org r to change its registered office or regi	anized under the la	ws of the State of FL		
1. The name of t	he corporation: Centratel Services Inte	rnational, Inc.			
	office address: 11193 Seminole Blvd,				
3. The mailing a	ddress (if different);		•	<u>.</u>	
4. Date of incorp	poration/qualification: 09/30/1981	Document i	number: <u></u> F46703		
	street address of the current registered tment of State: (If resigned, enter resigned)		ed office on file with t	he	
	Laura J. Bunce				
	11193 Seminole Blvd.				
Largo, FL 33778					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			AM 10: 51	
1201 Hays Street					
rentalis de la companya de la compa					
	Tallahassee	FL			
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the bu	siness office of its re	gistered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e'board, of the corporation has been n	ed by its board of doubling of the original origina	lirectors or by an offi of the change.	cer so	
1/1		Michelle Schnei	der, Secretary		
Senature of an opinion of diffector Printed or typed name and title					
corporation has	the appointment as registered agent a o comply with the provisions of all sta I I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang.	nd agree to act in t tutes relative to the ligation of my poss he registered office e.	this capacity. e proper and completition as registered ag e address, I hereby co	te performance ent. Or, if this onfirm that the	
By: (Ilsa	Service Company Live I I I OV I AV https://doi.org/10.1000/1	P3/	22/22 Date		
If signing on bel	V				
Ty	ped 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 (04/13)