000002897

Requestor's Name

CHARLES COYLE & COMPANY, INC.

826 Shadybrook Drive

Suite B

Marietta, GA 30066-6216

Phone: (800) 211-8645 Fax (800) 211-8647

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Office Use Only

UMBER(S),	(if I	known):
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			*			
_ ``	(Corporation Name)		(Doc	cument #)		
2	(Corporation	n Name)	(Doc	cument #)		
3	(Corporation Name)		(Document #)			
4	(Corporation	on Name)	(Doc	cument #)		
□ Walk in □ Mail out		ick up time ill wait	Photocopy	☐ Certified Copy ☐ Certificate of S	98 SEP 14 SECRITAR TALLAHASS	ij
NEW FILINGS		AMIEND	MIENTS;	0.0034 (1996) 	H-≺	
Profit		Amendment			四年 2	
NonProfit		Resignation	of R.A., Officer/Direct	or	PM 2: 16 OF STATE E, FLORIDA	Sand Park
Limited Liability		Change of]	Registered Agent		6 B	
Domestication		Dissolution	/Withdrawal			

OTHER WILLINGS.
Annual Report
Fictitious Name
Name Reservation

Other

REGISTRATION/ QUALIFICATION	
 Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Merger

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State

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

or registered agent, or both, in the State	e Florida.
la. The name of the corporation is: MFS Datanet,	Inc.
lb. Date of incorporation: 6-15-95	Document number
2. The name and address of the curre CT Corporation System	nt registered agent and office:
1200 South Pine Island Road, Plan	*
3. The name and address of the new r (P.O. Box Not Acceptable	
NRAI Services, Inc.	SS = 5
526 East Park Avenue, Tallahassee, Florida 3230	I FOR TO
The street address of its registered age of its registered agent as changed will l	nt and the street address of the business office
Such change was authorized by resolut an officer so authorized by the board.	tion duly adopted by its board of directors or by
Willin Embru	William E. Anderson - Assistant Secret
SIGNATURE	Typed or printed name and title
8~10~98	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

NRAI Services, In	· _
Charles A. Coyle DATE 8-14-98	(Registered Agent) Asst. Secy.

FILING FEE: \$35.00