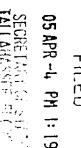
F95000003148

100 return address			
(Requestor's Name)			
Antlel day steems to the later			
AmTel I ATN, Inc. 913 Dilworth Street St. Marys, GA 31558			
(Muuless)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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03/07/05--01032--016 **35,00

RA. Charse

C. Coulliette APR 0 4 2005



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 11, 2005

ATN, INC. 913 DILWORTH ST. ST. MARYS, GA 31558

SUBJECT: AMTEL NETWORK, INC.

Ref. Number: F95000003148

We have received your document for AMTEL NETWORK, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the wrong form to file your change of registered agent. I have enclosed the correct form for you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Letter Number: 205A00016967

Cheryl Coulliette Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ATN, Inc. d/b/a Amtel Networks, Inc. (Name of corporation)	_
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the following:	
Gordon R. Reilly	
(Name of contact person)	
ATN, Inc.	
(Firm/Company)	
913 Dilworth Street	
(Address)	
St. Marys, GA 31558	
(City/state and zip code)	•
For further information concerning this matter, please call:	
Denise Harrison at (912) 673-600	0
Denise Harrison at (912) 673-600 (Area code & daytime te	lephone number)
S	
Enclosed is a \$35.00 check made payable to the Department of State.	
Enclosed's a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Division of Corporations Division of Corporation P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	

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

Pursuant to the provisions of section statement of change is submitted for	a corporation organize	ed under the laws of the State of	GA
in order to change its regist	ered office or registere	ed agent, or both, in the state of	rioriaa.
1. The name of the corporation:	ATN, Inc.	MIEL NETWORK, TNC.	
2. The principal office address:	913 Dilworth	n Street	
	St. Marys, C	GA 31558	
3. The mailing address (if different):			
		34:	
4. Date of incorporation/qualification	: 06-29-1995	Document number: <u>F95</u>	000003148
5. The name and street address of the Florida Department of State:	current registered age	nt and registered office on file v	vith the
	Gordon R. I	Reilly	05 / 05 /
	85150 St. 5	Thomas Street	FR I
	Yulee, FL	32697	19 P W
(if changed):			-
(P.O. Box NOT acceptable)		
The street address of its registered of as changed will be identical. Such change was authorized by reso authorized by the board, or the corporate of the corp			officer so
(Signature of an officer or director)	elly -	(Printed or typed name and	
I hereby accept the appointment as r I further agree to comply with the pr performance of my duties, and I am agent. Or, if this document is being hereby confirm that the corporation	ovisions of all statute. familiar with and acce filed merely to reflect	s relative to the proper and con ept the obligation of my positio a change in the registered offi	n as regisierea
(Signature of Registered Agent)	! !!!	03/25/20	<u>5</u>
If signing on behalf of an entity:	,	(Bute)	
(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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