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ACCOUNT NO. : 072100000032

REFERENCE: 069324 5058704

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 25, 2003

ORDER TIME : 4:31 PM

ORDER NO. : 069324-015

CUSTOMER NO: 5058704

CUSTOMER: Ms. Lori Tipson
Burr & Forman Llp

Suite 1200, One Georgia Center

600 W. Peachtree Street

Atlanta, GA 30308

CHANGE OF AGENT

NAME: ILD TELECOMMUNICATIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,	•
	t of change is submitted for a corporation organized under the laws of the	•
Delaware	in order to change its registered office or registered agent, or i	ooth, in the State
of Florida.		<b>Z</b> : 28
1. The name o	of the corporation: ILD TELECOMMUNICATIONS, INC.	AH.
2. The princip	oal office address: 5000 Sawgrass Village Circle, Suite 30	
***	Ponte Vedra Beach, FL 32082	H H
3. The mailing	g address (if different):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		9: 2 [A]
4. Date of inco	orporation/qualification: May 14, 1996 Document number: F960	<u> </u>
	and street address of the current registered agent and registered office on froartment of State:	le with the
	Frederick W. Lloyd	_
	13000 Sawgrass Village Circle #5	-
	Ponte Vedra Beach, FL 32082	<b>.</b>
6. The name changed):	and street address of the new registered agent (if changed) and /or reg	istered office (if
	Corporation Service Company	_
	1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)	_
	Tallahassee, FL 32301	_
The street add	dress of its registered office and the street address of the business office aged will be identical.	of its registered
(NC	was authorized by resolution duly adopted by its board of directors or by the board, of the corporation has been notified in writing of the change.  C. Read Morton, Secretary	an officer so
	cer, chairman or vice chairman of the board) (Printed or typed name and title)	
1 juriner agred performance d	pt the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and of my duties, and I am familiar with and accept the obligation of my posent. Or, if this document is being filed merely to reflect a change in the I, I hereby confirm that the corporation has been notified in writing of the	complete ition as registered iis change.
Gynth	(Signature of Registered Agent)  (Date)	<del></del>
( If signing on beh		
	(Typed or Printed Name) (Capacity)	

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