Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000268975 3)))



H100002689763ABC6

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

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REGISTERED AGENT CHANGE NORLIGHT TELECOMMUNICATIONS, INC.

Certificate of Status	0
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Page Count	934
Estimated Charge	\$35.00

## **COVER LETTER**

SUBJECT:	Norlight Telecommunications, Inc.
	Name of Corporation
DOCUMENT NUMBER:_	F96000003408
The enclosed Statement of C	hange of Registered Office/Agent and fee are submitted for filing.
	nce concerning this matter to the following:
	Name of Contact Person
	Hann of Collinet Lounn
<del></del>	Firm/Company
	Address
	City/State and Zip Code
	Bladewindstream.com
E-mail ac	dress: (to be used for future annual report notification)
of number information conce	ming this matter, please call:
Name of Contr	at (
Name of Cont	ict reison Area Code & Daytime i siepnone Numbe

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

CB2E045 (8/05)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati lange is submitted for a corporation organized under the laws of the State of <u>Wis</u> lar to change its registered office or registered agent, or both, in the State of Flori	consin
1. The name of	the corporation: Norlight Telecommunications, Inc.	
2. The principa	1 office address:	<del></del>
3. The mailing	address (if different):	
4. Date of incom	poration/qualification: 07/03/1996 Document number: F9t	5000003408
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	i <b>c</b>
	NRAI SERVICES, INC.	
	2731 EXECUTIVE PARK DRIVE SUITE 4	
	WESTON FL 33931	DIVIS 10
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	10 DEC 15 #
	CT Corporation System	223
	c/v C T Corporation System, 1200 South Pine Island Road	AH IO:
	P.O. Bux NOT ecceptables	 
	Plantation, Florida 33324	-
	ess of its registered office and the street address of the business office of its registered.	
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an offi- ic board, or the corporation has been notified in writing of the change.	cer so
The name	A Most As.  For the officer of directory  As.	st. Sec.
l hereby accept I further agree to of my duties, and accument is bein corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered agent I led merely to reflect a change in the registered office address, I hereby cobeen notified in writing of this change.	e performance ent. Or, if this nfirm that the
By:	Corporation System  12 10 2010  abure of Registered Agent  13 10 2010	
f signing on bel	alf of an entity:	
Tyj	Assistant Secretary Rebecos Barth and or Printed Name	
,	* * * FILING FEE; \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)