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Division of Corporations  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
PAY TEL COMMUNICATIONS, INC. OF THE SOUTHEAST**

Certificate of Status	0
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TALLAHASSEE, FL

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Corporate Filing Menu

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAY TEL COMMUNICATIONS, INC. OF THE SOUTHEAST  
Name of Corporation

**DOCUMENT NUMBER:** F96000003537

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Margot Mullin**

Name of Contact Person

**Registered Agent Solutions, Inc.**

Firm/Company

**1701 Directors Blvd, Ste 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**notices@rasi.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Margot Mullin**

Name of Contact Person

at ( **888** ) **705-7274**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAY TEL COMMUNICATIONS, INC. OF THE SOUTHEAST  
 2. The principal office address: 4230 BEECHWOOD DR. GREENSBORO, NC 27410  
 3. The mailing address (if different): PO BOX 8179 GREENSBORO, NC 27419

4. Date of incorporation/qualification: 07/12/1996 Document number: F96000003537

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**C T CORPORATION SYSTEM**

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL

33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ J. VINCENT GABRIEL

Signature of an officer or director

J. VINCENT GABRIEL PRESIDENT

Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered Agent

04/05/2019

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE