F97000003173

(Requestor	's Name)
(Address)	
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(City/State/	Zip/Phone #)
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(Business	Entity Name)
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C. Coulliette NOV 2 2 2002



ACCOUNT NO. : 072100000032

REFERENCE : 780124

7157369

AUTHORIZATION

COST LIMIT : _\$ 35.00

ORDER DATE: October 11, 2002

ORDER TIME : 2:52 PM

ORDER NO. : 780124-655

CUSTOMER NO: 7157369

CUSTOMER: Ms. Leticia Magana 🚊

Quanta Services, Inc.

1360 Post Oak Blvd

Suite 2100

Houston, TX 77056

CHANGE OF AGENT

NAME: CROWN FIBER COMMUNICATIONS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to th	ne provisions of section	ons 607.0502, 6	17.0502, 607.15	508, or 617.15	08, Florida Statutes,
_	ed corporation organi		•	='	
the State of Flo	llowing statement in c	raer to change t	is <u>r</u> egisierea o <u>j</u>	fice or register	rea ageni, or boin, in
-	f the corporation:				_
	ER COMMUNICATIONS,	INC.	<u></u>	•	SECI
2. The mailing	address of the corpor	ation: 800 Sat	ellite Blvd		
Suwanee,	GA 30024		-		語 N ト
3. Date of inc	orporation/qualification	n: June 17, 19	97Doc	ument number	F97000003173
4. The name a	nd address of the curre	ent registered age	ent and office:		ACIE VILLE
	Capitol Corporate	Service, Inc.	<u></u>		<u>-</u> _
	1333 North Duval S	Street			-: -:
	Tallahassee, FL 32	2303	- -		
5. The name a	nd address of the new	registered agent (P. O. Box Not		d/or registered	office (if changed):
	Corporation Service	e Company			
	1201 Hays Street		<u> </u>		-
	Tallahassee, FL 3	32301			
	ress of its registered of ged, will be identical.				
Such change vauthorized by	vas authorized by resonthe board.	olution duly ado	pted by its boar	d of directors	or by an officer so
Laura	P DUD		_		4-02
(Signatur	e of an officer, chail than or	vice chairman of the b	oard)	(Date)
Laura R. Dunla	ap, Attorney in Fac (Printed or typed nar				 .
corporation, I I further agree performance o	amed as registered a hereby accept the ap to comply with the p of my duties, and I am	gent and to acce pointment as reg rovisions of all s familiar with ar	istèred agent a statutes relative ad accept the ob	nd agree to ac to the proper bligation of my	shove stated it in this capacity. and complete position as
	Signature of Registered Age	ent)		(Date)	
If signing on beha	alf of an entity:	Deborah D. S Asst. V. P	Skipper Pres.		
	(Typed or Printed Name)			(Capacity)	
	*	* * FILING FE	E: \$35.00 * * *	*	

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314