Electronic Filing Cover Sheet

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(((11060002548393)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714

Phone

: (850)222-1173

Fax Number

: (850)224-1640

10150157029

REGISTERED AGENT CHANGE

TRINSIC COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED WAS 918 FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Standard in State of \square and the State of \square to the State of \square the State of \square to the State of \square the State of \square to the Stat	alaware	_	* ,
in orde	r to change its registered office or registered agent, or both, in the State of Flor	rida.		
1. The name of t	he corporation: Trinsic Communications, Inc.			
2. The principal	office address; 601 S. Harbour Island Blvd., Ste. 220, Tampa, Ft. 336	02		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04-07-1998 Document number: F9800000	2080		
	I street address of the current registered agent and registered office on file with tement of State:	the	•	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324	ALL	8	
6. The name and (if changed):	I street address of the new registered agent (if changed) and for registered office	RETAR	OCT 18	FILE
	CorpDirect Agents, Inc.	E OF	3	Ü
	515 East Park Avenue	55	2	-
	(P.O. Box NOT acceptable)	RA BE	1	
	Tallahassee, FL 32301	'>'	ω	
The street address changed will	ess of its registered office and the street address of the business office of its a be identical.	registered ag	ent.	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an or he board, or the corporation has been notified in writing of the change.	fficer so		
_Vist	Victoria Neil - Assistant Se We of an officer of director) Victoria Neil - Assistant Se (Primes or types raine and unit	¢)		
I hereby accept I further agree of my duties, ar document is be corporation ha	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 comp ad I amiliar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I hereby s been notified in writing of this change.	lete perform agent. Or, i confirm tha	ance f this t the	
_ Wila	KK Hawa Ottober 18 7000 (Unite)	······································	<u> </u>	
If signing on b	chalf of an entity:			
	ris - Assistant Secretary Typed or Printed Name)			,
	* * * FILING FEE: \$35.00 * * *			

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