F98000003163



1490 WESTFORK DRIVE • SUITE G • LITHIA SPRINGS, GA 30122_

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Office Use Only

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ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (ii	f known):
		600003435746 -10/23/0001120012
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☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
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Profit	Amendment	A O.C
Not for Profit Limited Liability	Change of Regist	A.A., Officer/Director
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Other	Merger	
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Annual Report	☐ Foreign = =	
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	Other	V. SHEPARD WILL I INDE
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'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,			
the undersigned corporation organized under the laws of the State of Georgia			
submits the following statement in order to change its registered cfice or registered agent, or both, in			
the State of Florida.			
1. The name of the corporation is: ETS Payphones, Inc.			
2. The mailing address of the corporation is: 1490 westfork prive Suite G			
Lithia Springs, GA 30122			
3. Date of incorporation/qualification: 6/9/94 Document number: F9800003163			
4. The name and address of the current registered agent and office:			
ETS Payphones of Florida, Inc.			
230 Parvell Street			
mern++ Island, FL 32953			
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
Business Filings Incorporated			
_ l East Broward Blvd. Suite 200			
Ft. Lauderdale, FL 33301			
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.			
(Signature of an officer, chairman or vice chairman of the board) (Date)			
(Signature of an officer, chairman or vice chairman of the board) (Date)			
Walter Koudelka - CFO (Printed or Typed name and title)			
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete and the provisions of all statutes relative to the proper and complete are formiliar with and accept the obligation of my position as			
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.			
8-21-00			
(Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
(Capacity) (Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *			

CR2E045(7/97)