Division of Corporations Electronic Filing Cover Sheet

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(((H19000107033 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000052 Phone : (888)705-7274 : (888)706-7274 Fax Number

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 CTC COMMUNICATIONS CORP.

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

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H190001070333

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CTC COMMUNICATIONS CORP.

Name of Corporation

DOCUMENT NUMBER: F9800003797

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:

Mary Castillo

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:

Mary Castillo

, 888

100 121

Name of Contact Person

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

→ 18506176380

statement of cha	nge is submitted fo	er a corporation orga	i02, 607.1508, or 617.1508 mized under the laws of th	ne State of <u>Ma</u>	assachusetts
			stered agent, or both, in th	-	rida.
			NICATIONS CO		
		001 RODNE	PARHAM ROA	<u>.D</u>	
LITTLE	ROCK,	AR	72212		
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualificati	on: 07/02/199	Document number	F9800	0003797
		he current registered resigned, enter resign	agent and registered officined)	e on file with	the
	CT CORPO	ORATION S	YSTEM		
	1200 SOU	TH PINE ISL	AND ROAD		
	PLANTATI	ON, FL 3332	24		2018
6. The name and (if changed):	d street address of t	he new registered ag	ent (if changed) and /or re	gistered office	
	Registered A	gent Solutions	, Inc.		The B
	155 Office Pl	aza Dr., Suite	4		発表が
		P.O. Box. NO)T acceptable		100 m
	Tallahassee,	FL 32301			ę
The street address changed will	ess of its registered be identical.	office and the stree	t address of the business of	office of its re	egistered agent,
Such change wa authorized by th	as authorized by re ne board, or the cor	solution duly adopte poration has been n	ed by its board of director of the cl	s or by an off hange.	icer so
/S/ Michelle Simpson Signature of an other or director			Michelle Simp	OSON Table	Vice President
I hereby accept I further agree : performance of agent. Or, if th	the appointment a to comply with the my duties, and I a is documenUs beir	s registered agent a provisions of all sta m familiar with and w filed merely to re	nd agree to act in this cap tutes relative to the prope accept the obligation of n flect a change in the regis in writing of this change.	pacity. er and comple ny position as stered office a	registered
			04/01/2019		
•	nauth of Registered Ages half of an entity:) (Da	ic	
	nell - Assistar	nt Secretary			
	yped or Printed Name				
		* * * FILING F	EE: \$35.00 * * *		