

ACCOUNT NO. :

072100000032

REFERENCE :

\$ 35.00

COST LIMIT :

ORDER DATE : November 11, 1999

ORDER TIME: 10:21 AM

ORDER NO. : 478433-015

CUSTOMER NO: 7159293

CUSTOMER: Linda Poccia, Legal Asst

Interliant, Inc.

Two Manhattanville Road

Purchase, NY 10577

0000003042420--4

CHANGE OF AGENT

NAME: TELEPHONETICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

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

Pursuant to the provision	•			3, Florida Statutes,
the undersigned corporat	•	-	-	
submits the following sta	tement in order to chan	ige its registered	office or registered	d agent, or both, in
the State of Florida.				
1. The name of the corpo	ration is: TELEPHO	ONETICS, INC.		
2. The mailing address of	the corporation is:43	330 N.W. 207th	Drive, Miami, FL	33055
3. Date of incorporation/o	qualification: 1/2	6/99	Document number:	F99000000974
4. The name and address	of the current registered	l agent and office	<u>-</u>	99 N SEUN
United C	orporate Services, In	nc.		AHAS
9200 Sou	th Dadeland Blvd., S	uite 508	<u> </u>	LED 12 PV SSEE, F
Miami, F	L 33156	-		FLOGA &
5. The name and address	of the new registered ag	gent and office: ()	P. O. Box Not Acce	ptab A 2
Corporat	ion Service Company			
1201 Hay	s Street			
Tallahas	see, Florida 32301			
The street address of its agent, as changed, will be	registered office and the identical.	e street address	of the business offi	ce of its registered
Such change was authori authorized by the board.	zed by resolution duly	adopted by its b	oard of directors or	by an officer so
2-3			111	12/99
(Signature of an office	r, chairman or vice chairman o	of the board)	7	Date)
Bruce K	lein, Secretary			
	ted or typed name and title)	······································		
Having been named as re corporation, I hereby acc I further agree to comply performance of my duties, registered agent	ept the appointment as r with the provisions of al	registered agent d Il statutes relative	and agree to act in t to the proper and	his capacity. complete
By: (Signature of	Registered Agent)		(Date)	199
If signing on behalf of an entity:	c/ Weener		9 Uthor	zed person
/ (Typed or(P	rinted Name)		(Capacity)	

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