## F9900000/55/TCS

Telecom Compliance Services, Inc. 6455 East Johns Crossing, Suite 285 Duluth, GA 30097 phone (770) 232-9906 fax (770) 232-9208

March 20, 2000

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Cl2, Inc.

Change of Registered Agent/Registered Office

To Whom It May Concern:

Please return a date stamped copy of the attached form to the address above. If you need further information, please do not hesitate to give me a call at (678) 775-2242 ext. 202. Thank you in advance for your assistance and cooperation.

Respectfully submitted,

Nicole Hamilton

Compliance Analyst

-03/23/00--01122--016 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Triole authorized to type corporation have are secretary name to document

R. A. Change

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Pursuant to th	e provisions of sections 607.05	02, 617.0502, 607.	<i>1508, or 617.15</i> Lof Georgia	08, Florida St	atutes,
submits the fol	d corporation organized under i lowing statement in order to ch	the taws of the State ange its registered	office or register	red agent, or b	ooth, in
the State of Flo	f the corporation is: CI2, Inc.				
1. The name of	the corporation is.			· 	
		<del>-</del>			
	address of the corporation is:	CA 20229			
200 Galleri	a Parkway, Suite 1550, Atlanta,	• ,	-		
3. Date of inco	orporation/qualification: 3/24/99	D	ocument number	F9900000155	
4. The name ar	nd address of the current register	red agent and office	:		NH 00
	CT Corporation System			·	) MAR 23
	1200 South Pine Island Road	<u> </u>		±'.' '	
	Plantation, FL 33324	-		· · · · · · · · · · · · · · · · · · ·	PM 12: 09
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)					60
	TCS Corporate Services, Inc.				
	1406 Hays Street, Suite #2	- Water		·	
	Tallahassee, FL 32301			-	
ACCOUNT OF CHAIN	iress of its registered office and ged, will be identical.				
Such change v	was authorized by resolution du the board.	ly adopted by its be	oard of directors	or by an offic	er so
			3	3115/00	
(Signatur	e of an officer, chairman or vice chairma	n of the board)		(Date)	<del></del> -
SHARON	MENDON, UP OF	- OPERATIO	<u> </u>	_	-
	(Printed or typed name and title)	**************************************	C Constant	whoma stated	
corporation, I I fürther agre performance	named as registered agent and I hereby accept the appointmen e to comply with the provisions of my duties, and I am familiar	-f all statutes rela	ting to the prope	r and complet	icity. e
registered ag	RATE SERVICES INC	and the second s	3/11/00		
11/	(Signature of Registered Agent)		(Date)		
If signing on hel	half of an entity:				
Chris Sto		•	Secretary/		
	(Typed or Printed Name)		(Capacity	)	
	ale ale de MONTE T	እነረገ ነፃነምም. ድረድ ሰብ ነ	* * *		

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