Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

; (850)222-1092

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

日本る	il	Address:	
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REGISTERED AGENT CHANGE ABOVENET COMMUNICATIONS, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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CT CORPORATION

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes hange is submitted for a corporation organized under the laws of the State of Dolawa		
	der to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: AboveNet Communications, Inc.		
2. The princip	al office address: 400 Centennial Parkway, Ste. 200, Louisville, CO 80027		
3. The mailing	address (if different);		
4. Date of inco	orporation/qualification: 04/20/1999 Document number: F99000002024		
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Corporation Service Company		
	1201 Hays Street	<i></i>	
•	Tullahassee, FL 32301		7
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office :		12 AUG 16
	C T Corporation System	ેંડ્રે~ • • • • • • • • • • • • • • • • • • •	
	c/o C T Corporation System, 1200 South Pine Island Road Plantation,	200	ږ
	P.O. Box NOT acceptable Florida 33324		Č
		56	
The street addi as changed wil	ress of its registered office and the street address of the business office of its registed by identical.	ared agent,	
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer s the board, or the corporation has been notified in writing of the change.	io	
	Les Care nes Kon des Care nes Cure of en officer or durector	FO	
I hereby accep I further agree parformance o agent. Or, if in hereby confirm	nt the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as regi his document is being filed merely to reflect a change in the registered office addre his the the corporation has been notified in writing of this change. Corporation System	stered 35, I	•
By H will	mature of Registanto Agent	•	
	chalf of an entity:		
Hiedi M. Liesch	n, Asst. Secretary		
	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		
N	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		

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