

F99000005691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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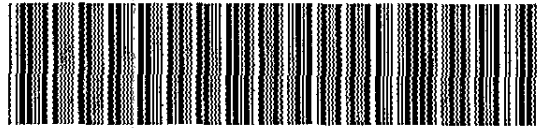
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN AUG 19 2004

CL@S INFORMATION SERVICES

2020 HURLEY WAY #350, SACRAMENTO, CA 95825
Tel: (800) 447-6237

REF.#: 1186455

DATE: 8/12/04

NAME(S): • . NETLOJIX TELECOM, INC.

REQUEST FOR : • FLORIDA

TYPE OF FILING: • CHANGE OF AGENT

PLEASE FILE IMMEDIATELY UPON RECEIPT

IF THERE ARE ANY PROBLEMS, PLEASE HOLD THE FILING(S) AND CALL US FOR INSTRUCTIONS

SPECIAL INSTRUCTIONS: •

PLEASE FILE THE ATTACHED UPON RECEIPT. WE HAVE ENCLOSED A SELF-ADDRESSED, STAMPED ENVELOPE FOR YOUR CONVENIENCE IN RETURNING A STAMPED, FILED COPY TO US. PLEASE CALL WITH ANY QUESTIONS. THANK YOU IN ADVANCE.

☐ Enclosed is our check # 112657 not to exceed \$ 35.00 Please be sure to return our appropriate amount used or send a receipt.

FLORIDA SECRETARY OF STATE
Corporations Division
P.O. Box 6327
Tallahassee, FL 32314

AUTHROIZE REQUESTOR

CHRISTY MCCULLOUGH

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NETLOJIX TELECOM, INC.

(Name of corporation)

DOCUMENT NUMBER: F99000005691

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:

(Name of person)

CLAS INFORMATION SERVICES

(Name of firm/company)

1425 RIVER PARK DR., #110

(Address)

SACRAMENTO, CA 95815

(City/state and zip code)

For further information concerning this matter, please call:

Christy McCullough

(Name of person)

at (800) 447-6237

(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
409 E. Gaines Street
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NETLOJIX TELECOM, INC.
2. The principal office address: 501 BATH ST., SANTA BARBARA, CA 93101
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/03/1999 Document number: F99000005691
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

526 E. PARK AVENUE

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.

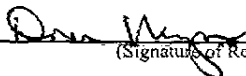


(Signature of an officer or director)

GREGORY J. WILSON, CFO/TREASURER

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

8/12/04
(Date)

If signing on behalf of an entity:

Doren Moran

(Typed or Printed Name)

Asst. Secy.

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314