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## Florida Department of State

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## REGISTERED AGENT CHANGE

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## 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	
Florida in order to change its registered office or registered agent, or both, in the State	
of Florida.	
I. The name of the corporation: Rusiness Communications, Inc.	
2. The principal office address: 831 N. MONROE ST., TALLAHASSEE FL 32303	
3. The mailing address (if different): P.O. BOX 38213, TALLAHASSEE FL 32315	
4. Date of incorporation/qualification: 12/1/86 Document number: 144508	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	05 SET
Allen, Thomas III, 831 N. Monuoe Street	
Tallabassee, FL 32303	<u> جو</u>
in c	灵圣
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE
CT Corporation System	>
c/o C T Corporation System	
(P.O. Box or personal mailbox NOT acceptable)	
1200 South Pinc Island Road, Plantation, Florida 33324	
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, chairman or vice chairman of the board)  (Signature of an officer, chairman or vice chairman of the board)	
(Significant of an officer, chairman or vice chairman of the board)  Thereby accept the approintment are registered open and agree to get in this capacity.	
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.	
office address, I hereby confirm that the corporation has been notified in writing of this change.	
CT Constant Symph	
(Signature of Regulatored Agent) (Date)	
Sour M. Delahach Source State Scretary	
(Typed or Printed Name) (Capacity)  * * * FILING FEE: \$35.00 * * *	

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