

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L00000005342

Orius Information Technologies, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

12/21/00

Order#: 3484478

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

00 DEC 21 PM 2:33

APPROVED  
 AND  
 FILED

700003510517--3  
 -12/21/00--01055--012  
 \*\*\*\*\*25.00 \*\*\*\*\*25.00

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

RECEIVED  
 00 DEC 21 PM  
 DIVISION OF CORPORATE  
 12-21-00

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Orius Information Technologies, LLC
2. The mailing address of the limited liability company is: 1401 Forum Way, Suite 400,  
West Palm Beach, FL 33401

December 12, 2000

L000000015342

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Donn A. Beloff, Esq.

Name  
c/o Akerman, Senterfitt & Bidson, P.A.  
350 E. Las Olas Blvd., Suite 1600

AddressFt. Lauderdale, FL 33301City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation SystemName1200 S. Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation FL 33324City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

WILLIAM J. MERCURIO, President of NATG Holdings, LLC,  
a Delaware limited liability company, Its: Sole Member

(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

VICKY GOLDSTEINDivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NHS18(10/99)

FILING FEE: \$25.00

APPROVED  
AND  
FILED  
DEC 21 PM 2:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA