L02000014365

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A BETTER IDEA IN COMMUNICATIONS

November 6, 2002

Via U. S. Mail

Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

Re:

Communications Xchange, LLC

Document #L02000014365

Dear Registration Section:

Please find enclosed for filing the following two documents: (1) Articles of Amendment to Articles of Organization for Communications Xchange, LLC; and (2) Statement of Change of Registered Office for Limited Liability Company.

Also enclosed is a check made payable to the Florida Department of State for \$50.00 representing payment of \$25.00 for each of the two documents to be filed.

Please contact me by telephone at 813-933-6767 ext. 108 should you have any question or concerns.

Sincerely,

Allison Hicks

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Enclosures

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 comp	any is: Communications Xchange, LLC
2. The mailing address of the limited liab	ility company is: 3550 Buschwood Park Drive,
Suite 320, Tampa, FL 33618	
June 11, 2002	L02000014365
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State: Allison Hicks	ne registered office address as shown on the records of the
9252 N. 56th	Name Street, Suite 200
Tampa, FL 3	Address 3617
	City, State and Zip
6. The name and address of the new regist	tered agent and/or office:
Allison Hicks	
3550 Buschw	Name rood Park Drive, Suite 320
_ 	address (P.O. Box NOT acceptable)
Tampa,	FI. 33618
	City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed t	
Oscar J. Williams, Manager	
(Printed or typed name of signee)	
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblichapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, igations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00