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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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09/27/04--01027--018 **25.00

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 SEP 27 A 11: 19

SUBJECT: Home Town Telephone, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimone Hall
(Name of Person)

Home Town Telephone
(Firm/Company)

1525 NW 167th Street --Suite 200
(Address)

Miami, FL. 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimone Hall at (305) 612-4170
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.

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1. The name of the limited liability company is: Home Town Telephone **SEP 27 11:19**

2. The mailing address of the limited liability company is : 1525 NW 167th Street, Suite 200, Miami, FL. 33169 **SECRETARY OF STATE TALLAHASSEE, FLORIDA**

July 18, 2003

L030000269923

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:

Michael Noshay

Name

1525 NW 167th Street, Suite 200

Address

Miami, FL. 33169

City, State and Zip

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

Anthony Petrone

Name

1525 NW 167th Street, Suite 200

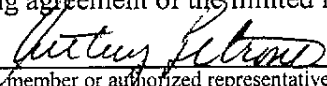
Florida street address (P.O. Box NOT acceptable)

Miami

FL 33169

City, 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)

Anthony Petrone

(Printed or typed name of signee)

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)

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