## L03000028732

(Re	equestor's Name)	
, (Âc	ddress)	
(Ac	idress)	_
(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
` (Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
RA Change	- · · ·	
· ·	Office Use Only	



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06 OCT 18 PM 1: 14
SECRETARY OF STATE

## 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:	NS VOICEMAIL, LLC	<u></u> •
2. The mailing address of the limited liability co		·
PALM HARBOR, FLORIDA 34683		<del>.</del>
08/05/2003	L03000028732	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the records of	fthe
SCOTT A. LUCAS		
	Name	
934 SKYE LANE	-	
	Address	
PALM HARBOR, FLOF	RIDA 34683 £6 €	80
	, State and Zip	
6. The name and address of the new registered a	gent and/or office: $\mathcal{E}_{\mathcal{O}} > -$	
NRAI Services, Inc.	و الله الله الله الله الله الله الله الل	e m
	Name	
2731 Executive Park Dr		
Florida street addres	ss (P.O. Box NOT acceptable)	=
Weston	FL 33331	
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability of the limited	nade, the Florida street address of the registered vill be identical. Or, in the case of a Florida limite change(s) was/were authorized by an affirmation as otherwise provided in the articles of organize company.	l office ited ive vote of
(Signature of a member or authorized representative of a memb	er)	
SCOTT A. LUCAS, MEMBER (Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NRAI Services. Inc.	gent and agree to act in this capacity. I furthen be to the proper and complete performance of m is of my position as registered agent as provide filed to merely reflect a change in the registere ity company has been notified in writing of this	r agree to ly duties, ed for in ed office chänge.
(Signature of Registered Agent)  KANON REDNITTO, ASST. SEC.	•	
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)