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(R	Requestor's Name)	•
(A	iddress)	
(A	.ddress)	
(C	City/State/Zip/Phone #)	-
PICK-UP	WAIT M	IAIL
(B	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status _	
Special Instructions to Filing		
	OCT 26 2010	
	EXAMINE	3

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COVER LETTER

Division of Corporations	
SUBJECT: Lifeco	nnex Telecom, LLC
· · · · · · · · · · · · · · · · · · ·	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
	ZO S
Denise Bell	2010 OCT 25 AM DI: 17 SEGRETARY OF STATE ALLAHASSEE.FLORIBA
Name of Person	
	SSI 25
ND410	rio 🖊
NRAI Corporate Services, LLC	
Firm/Company	ORI :
	DA PA
16055 Space Center Blvd., Suite	235
Address	
Hauston TV 77000	
Houston, TX 77062 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter	, please call:
Denise Bell	at (800) 862-5438
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i tottaa 32317
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. Name of the limited liability company:L	ifeconnex Telecom, LLC
2. (a) Principal office address of limited liability company	6905 N Wickham Rd., Suite 303
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32940
(b). Mailing address of limited liability company:	6905 N Wickham Rd., Suite 303
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32940
04/28/2000	-M0000000831 LOVO-820
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Incorp Services, Inc.
Registered Office Address:	17888 67th Court North Shape S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4
	Weston ,FL33331
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office
Victor Alfano, Manager	_
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company NRAI Services, Inc.	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent Denise Bell Asst Secretary	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00