09000122967

(Requestor's Name)				
(Address)				
(Address)				
(in the state of				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Г <u>-</u>				
Special Instructions to Filing Officer:				
A. LUNT				
OCT 26 2010				
EXAMINER				

Office Use Only

000186372310

10/25/10--01016--030 **175.00

COVER LETTER

TO:	Registration Section Division of Corporations						
	•						
SUBJECT: Telecom Service Center, LLC							
	Name of Limited Liability Company						
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office Cl	nange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
				>			
			SECRETAR.	2			
	Denise Bell Name of Person		- HEAR	í			
	Name of Person		SSE S	í			
			Y OF STATE Y OF STATE Y OF STATE Y OF STATE	•			
	NRAI Corporate Services			=			
	Firm/Company		AR H: 22 OF STATE S.FLORID:	2			
			· ·				
16055 Space Center Blvd., Ste. 235							
	Address						
	11						
Houston, TX 77062 City/State and Zip Code							
	chyrotate and sap code						
	dbell@nrai.com						
dbell@nrai.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Denise Bell	at (800) 862-5438				
	Name of Person	ai (Area Code & Daytime Telephone Number	_			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle		Tallahassee, Florida 32314				
	Tallahassee, Florida 32301						
Enclosed is a check for the following amount:							
	\$25 Filing Fee	ſ	\$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.

Name of the limited liability company:	Telecom Service Center, LLC				
2. (a) Principal office address of limited liability com	pany: 6905 N. Wickham Road, Ste. 403				
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32940 2 2				
(b) Mailing address of limited liability company:	CORPE III				
(Note: MAY BE POST OFFICE BOX)	SSEE C				
12/29/2009	L090001229				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Incorp Services, Inc.				
Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470				
(b) Enter name of NEW Registered Agent and/or	NEW 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 ,FL <u>33331</u>				
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					
Victor Alfano, Manager Printed or typed name of signee					
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability companies in the limited liability companies. Signature of Registered Agent Denise Bell, Asst. Secy.	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, w position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.				

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