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EXAMINER

COVER LETTER

| Division of Corp | oorations | | | | | | | |
|--|--------------------------|---------------|-----------|-----------------|----------------|-----------------------------|---------------------|---|
| SUBJECT: | 3l Cor | mmunic | ations | s Florida, | HC | | | |
| SUBJECT: | | | | y Company | | | | |
| | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered | d Agent/Registered | Office C | hange a | and fee(s) a | re submitted | for filing | | |
| Please return all corresp | ondence concernin | g this ma | tter to t | he followin | ıg: | | | |
| | | | | | | | | |
| M | lelissa Smith | | | | | | | |
| | ame of Person | | | - | | | | |
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| Clear Cr | eek Holdings, LL | C | | | | | | |
| | rm/Company | | | • | | | | |
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| | Address | | | • | | | | |
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| O'Fa | llon, MO 63368 | | | | | SEORL AND OF ALLAHASSEE, | \Box | - |
| | tate and Zip Code | | | • | | 555 | 2 | |
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| lenal ren | ulatorv@3t.com.r | net | | | | ., 1 | | ******** * }} ************************* |
| legal reg E-mail address: (to be used | for future annual report | notification) | | • | | 101 101 | $\overline{\Sigma}$ | San Park |
| San Carlon Carlon | | | | | | RIE | PHI2: 36 | |
| or further information of | oncerning this mat | ter, pieas | e call: | | | 12. | O1 | |
| | | | | | | | | |
| Patrick P | | at (| 217 |) | 726-7334 | | | |
| Name of Per | s on | | Ar | ea Code & Day | time Telephone | Number | | |
| STREET/COURI | ER ADDRESS: | • | MAII | LING ADDI | RESS: | | | |
| Registration Section | on | | | tration Section | | | | |
| Division of Corpor | ations | | Divisi | on of Corpo | rations | | | |
| Clifton Building | | | | 3ox 6327 | | | | |
| 2661 Executive Ce | nter Circle | | Tallah | assee, Florid | da 32314 | | | |
| Tallahassee, Florid | a 32301 | | | | | | | |
| Enclosed is a che | eck for the followi | ng amou | nt: | | | | | |
| \$25 Filing Fee | : | | \$55 | Filing Fee | & Certified C | Сору | | |
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INHS18 (5/08)

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TO: Registration Section

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: 3L 0 | Communications Florida, LLC | | | | |
|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company | y: 2977 Highway K, Suite 267 | | | | |
| (Note: MUST BE STREET ADDRESS) | Ο'Failon, MO 63368 | | | | |
| (b) Mailing address of limited liability company: | 2977 Highway K, Suite 267 | | | | |
| (Note: MAY BE POST OFFICE BOX) | O'Fallon, MO 63368 | | | | |
| October 14, 2011 | L11000117666 | | | | |
| 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: | Melissa J. Smith | | | | |
| Registered Office Address: | 10901 Front Beach Road | | | | |
| | T1, 301 Panama City Beach, FL 32407 | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | | | | | |
| NEW Registered Agent: | Alan C. Gold, P.A. | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Second Floor Coral Gables ,FL33143 | | | | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and accomply with the provisions of all statuted relative to the proving and I am familiar with and accept the obligations of my post Chapter 60%, 1/25. Or if this document is being filed to mer address, I hereby confirm that the limited liability company. Signature of Registered Agent | orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization. All the provided in the articles of organization. All the provided in the articles of organization. The provided in the artic | | | | |
| Division of Corporations, P.O. Box 632 FILING FEE: \$2 | | | | | |

INHS18 (05/08)

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