

From: Jeff Lieser  
Division of Corporations

Fax: (813) 251-8715

Fax: +1 (850) 617-6380

Page 2 of 4 07/15/2015 4:28 PM

<https://efile.sunbiz.org/scripts/cfilcovr.exe>

L 55841

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000172711 3)))



H150001727113ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : LIESER SKAFF ALEXANDER, PLLC  
Account Number : 120150000057  
Phone : (813) 280-1256  
Fax Number : (813) 251-8715

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: c/amagi@circaent.com

**REGISTERED AGENT CHANGE  
CIRCA TELECOM U.S.A., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

15 JUL 15 PM 4:54

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
JUL 15 2015

15 JUL 15 AM 7:19

FILED

5102 91.700

T. LEMIEUX

14150001727113

H15 0001727113

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: CIRCA TELECOM U.S.A., INC.

Name of Corporation

DOCUMENT NUMBER: L55841

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ghada Skaff

Name of Contact Person

Lieser Skaff Alexander

Firm/Company

403 N. Howard Avenue

Address

Tampa, FL 33606

City/State and Zip Code

ctamagi@circaent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff

Name of Contact Person

at (813) 280-1256

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H15 0001727113

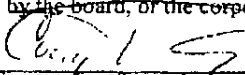
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CIRCA TELECOM U.S.A., INC.
2. The principal office address: 6293 W. Linebaugh Avenue, Tampa, FL 33625
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/07/1990 Document number: L55841
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Lieser Skaff Alexander, PLLC  
511 W. Bay Street, Suite 350  
Tampa, FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Lieser Skaff Alexander, PLLC  
403 North Howard Avenue  
P.O. Box NOT acceptable  
Tampa, FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Cory Tamagi, VP, CFO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

July 15, 2015  
Date

If signing on behalf of an entity:

Ghada Skaff

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E04\$ (03/12)

1150001727113

FILED  
15 JUL 15 AM 7:10  
DIVISION OF STATE  
TALLAHASSEE, FL 32314