L94702

| (Requestor's Name) |
|---|
| . (Address) |
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| (radioss) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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MALLANASSES, FLORIDA

T. Roberts JUL 15 20081

COVER LETTER

Amendment Section

Division of Corporations

To:

| SUBJECT: | World Fax Services, Inc. | | |
|---|---------------------------------------|--|--|
| | (Name of Corporation) | | |
| DOCUMENT NUMBER: | L94702 | | |
| 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: | | | |
| | Celeste Perrino | | |
| | (Name of Contact Person) | | |
| Bush Ross, P.A. | | | |
| (Firm/Company) | | | |
| 1801 North Highland Avenue | | | |
| (Address) | | | |
| Tampa, Florida 33602 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Celeste Perrino | at (<u>813</u>) <u>204-6425</u> | | |
| (Name of Contact Person) | (Area Code& Daytime Telephone Number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| <u>Mailing Addr</u> | <u>ess:</u> <u>Street Address:</u> | | |

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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: | World Fax Services, Inc. | |
|--|--|--|
| 2. The principal office address: | 3837 Northdale Blvd., Ste. 362, Tampa, FL 33624 | |
| 3. The mailing address (if different): | 3837 Northdale Blvd., Ste. 362, Tampa, FL 33624 | |
| 4. Date of incorporation/qualification: | 08/21/1990 Document number: <u>L94702</u> . | |
| 5. The name and street address of the cur Florida Department of State: | rrent registered agent and registered office on file with the | |
| Randy K. Sterr | ns E | |
| 220 S. Franklin | n Street | |
| Tampa, FL 33 | 602 | |
| 6. The name and street address of the ne (if changed): | ew registered agent (if changed) and /or registered office | |
| Bush Ross Reg | gistered Agent Services, LLC | |
| 1801 North Hi | ghland Avenue | |
| . Tampa, Florida | a_33602 | |
| · · · · · · · · · · · · · · · · · · · | and the street address of the business office of its registered agent, | |
| 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. Mach G Ravell II. (Signature of an officer or director) (Printed or typed name and title) | | |
| Signature of an officer or direct | or) (Printed or typed name and title) | |
| I further agree to comply with the provis of my duties, and I am familiar with and | tered agent and agree to act in this capacity. Sions of all statutes relative to the proper and complete performance of accept the obligation of my position as registered agent. Of, if this is a change in the registered office address, I hereby confirm that the of this change. | |
| | (Date) | |
| (Signature of Registered Agent) | (Date) | |
| If signing on behalf of an entity: | 0.004 | |
| (Typed or Printed Name) | Kerall | |
| * * | * FILING FEE: \$35.00 * * * | |

Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl 32314 CR2E045 (8/05)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE