Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092 Phone

: (850)878-5926 Fax Number

## REGISTERED AGENT CHANGE

## BELLSOUTH COMMUNICATION SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

DEC - 8 2008

Electronic Filing Menu

Corporate Filing Menu

EMAMINER

## 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.

l. Na	1. Name of the limited liability company: BellSouth Communication Systems, LLC		
	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	•	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1936 BLUE FILLS DR. NE ROANOKE VA 24012	
01/14		M000000000093	
3. Da	te of filing/registration in Florida	Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	PRENTICE HALL CORPORATION SYSTEM, I	
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 3230 FF TO	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	مراجع المراجع	
	NEW Registered Agent:	C T Corporation System 67 8	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
	MUST BE TEURIDA STREET ADDRESS	Plantation "FL 33324	
that af office hereby liabilit limited	ter the change or changes are made, the Florida stre of the registered agent will be identical. Or, in the	by an affirmative vote of the members of the limited	
	G. Ragland, Manager		
I here comply am far F.S. ( confirt By:	Kebekan Kebekan	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608, in the registered office address, I hereby ed in Writing of this change.  Moldowan Societany	
Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE: \$25.00			

INH\$18 (05/08)