•	<u>.</u>
(Re	equestor's Name)
•	
•	
(Ad	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
	WAIT MAIL
III PICK-UP	WAIT
(Bu	usiness Entity Name)
-	
(Do	ocument Number)
	<u>.</u>
	•
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 26 2010

**EXAMINER** 

Office Use Only



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



October 19, 2010

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE:

Bellerud Communications, LLC

**BLC Management LLC** 

Conexions LLC

Lifeconnex Telecom, LLC

Rapid Response Management Services, LLC

SC TXLink, LLC

Telecom Service Center, LLC

Dear Filing Officer:

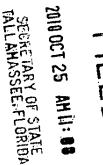
Please file the attached change of agent forms for the referenced companies. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Victor Alfano Vice President

Encl.



## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ			ommunications, LLC ad Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Re	gistered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:				
	Denise Be	ell	₩. N	
	Name of Person		PHI OCT 25 SEGRETARY LLIAHASSE	
	NRAI Corporate Ser	vices, LLC		
	Firm/Company		A A	
	16055 Space Center B	vd., Suite 235		
	Address		<b>3</b>	
Houston, TX 77062				
*****	City/State and Zip C			
E-	mail address: (to be used for future an	nual report notificatio	ion)	
For fu	rther information concerning	this matter, plea	ease call:	
	Denise Bell	at (	800 ) 862-5438	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDR	ESS:	MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	
	Enclosed is a check for th	e following amo	ount:	
	\$25 Filing Fee	·	\$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.

1. Name of the limited liability company:Be	llerud Communications, LLC			
2. (a) Principal office address of limited liability compan	y: 6905 N Wickham Rd., Suite 303			
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32940			
(b) Mailing address of limited liability company:	6905 N Wickham Rd., Suite 303			
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32940			
04/28/2000	M0000000831			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Depter State			
Registered Agent:	Incorp Services, Inc.			
Registered Office Address:	17888 67th Court North TO			
(h) Essan source of NEWY Designated A round and the NE	<b>D</b>			
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>				
NEW Registered Agent:	NRAI Services, Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4			
	Weston ,FL33331			
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 and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the pr	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			

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