



072100000032 ACCOUNT NO.

REFERENCE :

795723

5167586

AUTHORIZATION

COST LIMIT

ORDER DATE: August 11, 2000

ORDER TIME: 1:50 PM

ORDER NO. : 795723-045

CUSTOMER NO: 5167586

-500003359945-

CUSTOMER: June Kelly, Legal Asst

Switch & Data Facilities

Westshore Center

1715 N. Westshore Blvd., Suite

Tampa, FL 33607-3913

CHANGE OF AGENT

m -1056

NAME:

SWITCH & DATA FL THREE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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. The name of the limit	ed liability company is	S: SWITCH &	DATA FL :	THREE L	LC	· <u></u>	
2. The mailing address of	of the limited liability of	company is: _	1715 N	. West	Shore	Blvd.	#525
Tampa, FL 33607					_		
					-		
6/01/2000	· · · · · · · · · · · · · · · · · · ·		M0000000				
3. Date of filing/registrat	tion in Florida		4. Docum	ent num	ber		
5. The name of the regist Florida Department of		istered office	address as	shown o	n the rec	ords of	the
	GEORGI	E A POLLOCK,	JR				
		Name					, ,
	1715 NORTH WESTS	HORE BOULEV. Address	ARD, SUIT	E 525		5	SIAId 3S
	TAMPA, FLORIDA 33607					OU AUG	
	City	, State and Zi	p			-	
6. The name and address	of the new registered	agent and/or o	ffice:				٠,١,٠
	Corporati	on Service (lomna niz			2	
	Corporation	Name	Company			•	9. 34
	1201	Hays Street					55 gg
	Florida street addre	ss (P.O. Box I	OT accep	table)		•	•
	Tallahassee	FL	32301				
	City,	State and Zip					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited tha	thange or changes are in the registered agent was the registered agent was the confirmed that the diability company or the limited liability of the liab	nade, the Flor vill be identica e change(s) w as otherwise company.	ida street a d. Or. in tl	ddress o	f the reg f a Flori	istered da limi	office ted
(Signature of a Thermoet of adapor	ized representative of a memi	oer)					
GEORGE POLLACK, JR.,						=	
(Printed or typed name of signee)		_					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm LUCOAH W. SPIPA (Signature of Registered Agent)	intment as registered in sof all statutes relatived accept the obligation this document is being a that the limited liabiled Deborah Das its a	Skibbei	ee to act in er and com ion as regi ly reflect a as been no	this cap plete pe stered a change tified in	eacity. I rformand gent as p in the re writing (further ce of m crovided gistered of this o	agree to y duties, d for in d office change.

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

INHS18(10/99)