

**1207**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
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**LLC REGISTERED AGENT CHANGE  
SWITCH & DATA FL ONE LLC**

Certificate of Status	0
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Page Count	01
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APR 15 2013  
D. BRUCE

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# 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: SWITCH & DATA FLOONE LLC
2. (a) Principal office address of limited liability company: ONE LAGOON DRIVE 4TH FLOOR  
(Note: **MUST BE STREET ADDRESS**) REDWOOD CITY, CA 94065
- (b) Mailing address of limited liability company: ONE LAGOON DRIVE 4TH FLOOR  
(Note: **MAY BE POST OFFICE BOX**) REDWOOD CITY, CA 94065

6/20/2000

M00000001207

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2825(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:

INCORPORATING SERVICES, LTD.

NEW Registered Office Address:

1540 GLENWAY DRIVE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

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.

Cathryn Amell  
Signature of a member or authorized representative of a member

Cathryn Amell

Printed or typed name of signor

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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