-12-12 Division of Corpora da Department of State Division of Corporations **Electronic Filing Cover Sheet** F7782777 Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

ENCOMPASS COMMUNICATIONS, L.L.C. 1. Name of the limited liability company:

2. (a) Principal office address of limited liability company:

### (Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

#### (Note: MAY BE POST OFFICE BOX)

9/13/2000

3. Date of filing/registration in Florida

119 W Tyler St, Ste 286

Longview, Texas 75601

M0000001885

4. Document number

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

(b) Enter name of NEW I

Registered Agent:	THOMSON REUTERS			
Registered Office Address:	(TAX & ACCOUNTING), IN 515 E. PARK AVE. TALLAHASSEE FL 32301 US	France		
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	SSEE OF		
NEW Registered Agent:	C T Corporation System	20 00		
NEW Registered Office Address: (MUST BE FLORINA STREET ADDRESS)	1200 South Pine Island Road,	URITE SI		
PROVIDE AND	Plantation			

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

Larry A. Luna, Manager

Printed or typed name of signee

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.

Shaddido Registered Agent

Mark Williams, AVP, C T Corporation System Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

INHS18 (05/08)

Longview, Texas 75601

119 W Tyler St, Ste 286