n0000000 2340

CT CORPORATION SYSTEM

June 14, 2001

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

Re: C2C Fiber of Florida, LLC

Order #: 4470976

000004429700--0 06/19/01--01056--001 *****35.00 *****35.00

Dear Filing Officer:

As requested by counsel, we enclose for filing Statement of Change of Registered Office or Registered Agent on behalf of the above named company, together with the funds in payment of the required fees. This document should be filed upon receipt.

Evidence of the filing should be returned to my attention via regular mail. For your convenience, I am enclosing a self-addressed, stamped envelope.

If you have any questions or if for any reason the filing cannot be effected, please notify this office of the details by calling our toll-free number: 800-324-0754.

Very truly yours,

Denise Bell

Tel. 713 d58 9486

Fdx793 \$58 9720

Customer Specialist Name Availability db Pocument Enclosure(s) Examiner Updater DCCUpdater verifyer 1021 Main Street r rement Houston, TX 77002

· iyer

A CCH LEGAL INFORMATION SERVICES COMPANY

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.

agens, or com, in me sia	ic of 1 tortua.						
1. The name of the limit	ed liability cor	mpany is: C	2C Fiber of	Florida, LLC	·····		
2. The mailing address of	of the limited li	iability comp	oany is: _8	275 El Rio St.	, Ste. 110, Hou	iston, TX 77054	<u> </u>
		·					·
11/15/2000			· ·	M000000023	44		
3. Date of filing/registrat	tion in Florida	·	<u>.</u>	4. Documer	nt number		
5. The name of the regist Florida Department of	ered agent and State:	the registere	ed office a	ddress as sh	own on the r	ecords of the	
_	Corporation Sc	ervice Compan	ÿ				
		N	ame		,		
	1201 Hays Stre			· · · · · · ·	<u>.</u>		
Address Tallahassee, FL 32301-2525 City, State and Zip						OI JUN 19 AM 10: 2 SECRETARY OF STAT ALLAHASSEE, FLORI	
6. The name and address	of the new reg	sistered agent	t and/or of	fice:		SEE SEE	
	C T Corporation	n System	-				<u> </u>
		Nan	ne		<u></u>		⊋
	1200 South Pine	Island Road					$\overset{\mathbf{v}}{\omega}$
	Florida stree	et address (P.	.O. Box N	OT acceptal	ble)	\triangleright	
	Plantation		L 33324	·	- · -		
		City, State	and Zip				
If the limited liability con confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite that the limite the operating agreement of the limited limit	hange or change the registered reby confirmed diability composite the limited line ized representative	ges are made agent will be dithat the charpany or as of iability comp	, the Florie e identical inge(s) wa	da street add . Or, in the s/were author	ress of the re case of a Flo orized by an	egistered office orida limited affirmative vo	te of
(Printed or Sped name of signes) I hereby accept the appois comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm C T Corporation System	intment as regi	istered agent is relative to bligations of is being filed ad liability co	and agree the proper my position to merely mpanyen	e to act in the rand complo on as registe reflect a ch speen notifi iller J. Mcl	is capacity. ete performa red agent as ange in the 1 ied in writing Burnett	I further agre ince of my duti is provided for i registered offic g of this chang	e to es, in ce ge.

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

Assistant Secretary

INH\$18(10/99)

(Signature of Registere d Agent)

FILING FEE: \$25.00