## M0100002661

(Requestor's Name)				
(Address)				
(Address	5)			
(City/Sta	te/Zip/Phone #)			
PICK-UP	] WAIT   MAIL			
(Busines	s Entity Name)			
(Document Number)				
Certified Coples	Certificates of Status			
Special Instructions to Filing	Officer:			
1	K			

Office Use Only



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05 AUG -5 AM 8: 36 SECKETARY OF STATE

DS AUG - 5 PM 2: 38



ACCOUNT NO. : 072100000032

REFERENCE :

522225

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2005

ORDER TIME : 1:17 PM

ORDER\_NO. : 522225-055

CUSTOMER NO: 7110113

CUSTOMER: Ms. Cynthia Rubio

Csx Corporation

500 Water Street, C160

Jacksonville, FL 32202

CHANGE OF AGENT

NAME: CSX FIBER NETWORKS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

## 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.

agent, or both, in the State	e of Florida.				
1. The name of the limite	d liability company is	: CSX FIBE	R NETWORKS, LLC	<u>.                                    </u>	
2. The mailing address of	the limited liability c	ompany is:			
2550 Fox Hound Cou	irt, Herndon, VA 2	0171			
11/28/2001	-		M01000002661		
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the register Florida Department of	red agent and the regi State:	istered office	address as shown	on the records of the	
	C T Cor	poration S	ystem	SE JS	
Name			吴 昌 二		
1200 South Pine Island Road				## · ·	
Address OF CT				ASSECTION OF THE PROPERTY OF	
Plantation, FL 33324		Fig 3			
		, State and Z		70.00	
6. The name and address	of the new registered a	agent and/or	office:	FILED AN 8: 38 SECKELARSSEE, FLORIDA	
	Corporatio	on Service	Company		
		Name		•	
	1201	Hays Stree	:t		
	Florida street addre	ss (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301	_	
	City,	State and Zig	Þ		
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 the agreement of the limite the operating agreement of the limited that the limited that the limited liability company is a second of the limited that the limited liability company is a second of the limited liability company.	hange or changes are r the registered agent w reby confirmed that th d liability company or	made, the Flowill be idention to the change (s) or as otherwise	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote of	
(Signature of a member or author	ized representative of a mem	ber)	•		
	· — .				
Maureen Cullen, Atto: (Printed or typed name of signee)		ehalf of CS	X Fiber Networl	ks Holdings, Inc., Manager	
		agent and ag	ree to act in this coper and complete p	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
Chapter 608, F.S. Or, if address, I hereby confirm	his document is being that the limited liabil	ins of my pos filed to mer lity company	ely reflect a chang has been notified	e in the registered office in writing of this change.	
(Signature of Registered Agent)			* *		

**FILING FEE: \$25.00** 

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314