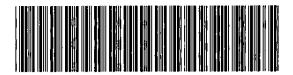
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	(Requestor's Nar	ne)
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PICK-UF	WAIT	. MAIL
	(Business Entity	Name)
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Certified Copies	Certific	ates of Status
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B. KOHR APR 25 2011 EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: April 13, 2011

ORDER TIME : 10:16 AM

ORDER NO. : 742424-061

CUSTOMER NO: 7826584

CHANGE OF AGENT

NAME:

FRANCE TELECOM LONG DISTANCE

USA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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: _	FRANCE TELECOM LONG DISTANCE USA, LLC
2. (a) Principal office address of limited lia (<u>Note: MUST BE STREET ADDR</u>	bility company: 13775 McLearen Rd
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE B	Ompany: 13775 McLearen Rd OX) Mail Stop 1100 Oak Hill, VA 20171-3212
02/25/2002	M02000000487
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Off	ice shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	Plantation, FL 33324
(b) Enter name of NEW Registered Age	nt and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	DDRESS) Tallahassee FL 32301
that after the change or changes are made, the office of the registered agent will be identical	zed under the laws of the State of Florida, it is hereby confirmed to Florida street address of the registered office and the business l. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Elizabeth A. Dawson, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registere comply with the provisions of all statutes release familiar with and accept the obligations of F.S. Or, if this document is being filed to me confirm that the limited liability company has corporation Service Company By: (Signature of Registered Agent) Grace E. Kirby, Asst. V	ed agent and agree to act in this capacity. I further agree to alive to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, rely reflect a change in the registered office address, I hereby s been notified in writing of this change.

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