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ACCOUNT NO. : 072100000032

REFERENCE

211059

AUTHORIZATION

COST LIMIT

ORDER DATE: August 26, 2003

ORDER TIME: 1:25 PM

ORDER NO. : 211059-260

CUSTOMER NO: 4322237

CUSTOMER: Ms. Dorothy Slye

Worldcom, Inc. 1133 19th St. N.w.

Washington, DC 20036

CHANGE OF AGENT

UUNET PAYROLL SERVICES, LLC NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

## 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, it me state of I tortaa.		
	1. The name of the limited liability company is: UUNET PAYROLL SERVICES, LLC		
	2. The mailing address of the limited liability company is:		
	500 Clinton Center Drive, Clinton, MS 39056		
	February 27, 2002 M0200000524		
	3. Date of filing/registration in Florida 4. Document number		
	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
	NRAI Services, Inc.		
	Name		
	Address Salar Sala		
	Address		
	Tallanassee, rubblot - Tallanassee		
	City, State and Zip		
	6. The name and address of the new registered agent and/or office:		
	Corporation Service Company		
	Name		
	1201 Hays Strget		
	Florida street address (P.O. Box NOT acceptable)		
	Tallahassee FL _ 32301		
	City, State and Zip		
Y GAD	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 of authorized representative of a member)		
	Douglas A. Richards, Authorized Representative (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.		
	(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vice President		
	Division of Corporations P.O. Roy 6327 Tallahassee, FI. 32314		

**FILING FEE: \$25.00** 

INHS18(10/99)