MU2000001098

Thomson RIA / TAX Partner	^5		
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AHanta, AA 30339 (City/State/Zip/Phone #)	`		
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SECRETARY OF STATE
AND A SECRETARY OF STATE

Model

• 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.

•	ite of 1 to tau.		
1. The name of the limit	ted liability company	is: GRANITE TELECOMM	IUNICATIONS, LLC
2. The mailing address			·
2 234 Copeland Street,	Quincy, MA 0216	19 100 Newport A	ve. Ext, Quincy MI
12/15/2003 M0200000		1098	
3. Date of filing/registra	tion in Florida	4. Document	number
5. The name of the regis Florida Department of		egistered office address as show	vn on the records of the
	2731 Executive	Name Park Drive STE 4	2006 SEP SECRET TALL A.H.
	Weston, FL 33	Address 331 Sity, State and Zip	- & ARY
6. The name and address	s of the new registere	ed agent and/or office:	PH 12: 40 OF STATE OF LORID
	TCS Corporate	Services, Inc.	7. LOTTO TO
	515 East Park A	Name Avenue	
	Florida street add	dress (P.O. Box NOT acceptabl	e)
	Tallahasee	_{FL} 32301	
	Ci	ty, State and Zip	
confirmed that after the	change or changes as of the registered ager ereby confirmed that ed liability company of the limited liability		ess of the registered office ase of a Florida limited
Cooff Cookman R (Printed or typed name of signe	and Curriel	<u> </u>	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, ij address, I hereby confire	,	ed agent and agree to act in this ative to the proper and complet tions of my position as register ing filed to merely reflect a cha bility company has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office ed in writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00