Electronic Filing Cover Sheet

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(((H06000236489 3)))



H9600023848934FC5

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS,

Account Number: 110450000714

Phone : (850) 222-1173

Fax Number : (850)224-1540

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* See attached Confirmation

give file date of 9/26 X

REGISTERED AGENT CHANGE

Z-TEL CONSUMER SERVICES, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

To: FL Dept, of State Subject: 001561.57631 From: Katie Wonsch

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 236489 OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited Hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: Z-Tel Consumer Services, LLC 2. The mailing address of the limited liability company is : Attn: Tora Neil, 601 S. Harbour Island Bivd., Ste 220, Tampa, FL 33602 M04000001718 05-05-2004 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: C T Corporation System 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: CorpDirect Agents, Inc. Name 515 East Park Avenue Florida street address (P.O. Box NOT acceptable) Tallahassee. FL 32301 City, State and Zip 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 or authorized representative of a member) Assistant Secretary Victoria Natl ASS (Printed or typed name of signee) Signature of Registered Agent Division of Corporations, P.O. Box 6327, Talianassee, FL 32314

FILING FEE: \$25.00

INH\$18 (8/05)

H06000236489 3

From: Katie Wonsch

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To: FL Dept. of State Subject 001561.57631

Cristal Harris

From:

To: Sent:

System Administrator '+1 (850) 205-0380 ' Monday, September 25, 2006 05:18 PM Delivered:

Subject:

Your massage

'+1 (850) 205-0380 °

To: Subject: Sent:

09/25/2006 05:15 PM

was delivered to the following recipient(s):

'+1 (850) 205-0380 ' on 09/25/2006 05:15 PM