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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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REGISTERED AGENT CHANGE

TELECORP COMMUNICATIONS, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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SEP - 3 2009

**EXAMINER** 

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## 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. TeleCorp Communications, LLC 1. Name of the limited liability company: 1025 LENOX PARK BLVD NE 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ATLANTA GA 30319 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 12/01/2006 M06000006660 Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY Registered Agent: 133 1201 HAYS STREET Registered Office Address: TALLAHASSEE, FL 32301-2525 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 6.0 C T Corporation System **NEW Registered Agent:** 1200 South Pine Island Road NEW Registered Office Address: (MÚST ŘE FLORIDA STREET ADDRESS) Plantation 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 Carolina Botero Printed or typed name of signed 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 auties, and I am lamiliar 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.

CT Corporation System

Confirm The Confirmation of the change of the change

INHS18 (05/08)

Signature of Registered Agent

Division of Corporations, P.O. Box 63

FILING FEE: \$25.00