M010000004

	(Requestor's Name)						
(Address)							
	(Address)						
for our case	(City/State/Zip/Phone #)						
PICK-UI	P WAIT	MAIL					
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: June 11, 2014

Order#: 164490-010

Re: BANDWIDTH.COM CLEC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Wilmington, DE 19808

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability co	ompany: BANDWIDTH	I.COM CLE	EC, LLC			
2.	(a) .	900 Main Campus Drive Su	iite 500	(t	o)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Raleigh	N(27606					
		01/31/2007			M070000	000624		
3.		Date of filing/regis	tration in Florida	4.		Document number		
5.	(a)	NRAI SERVICES, INC.						
	` ′	Registered Agent and Registered	Office shown on the records	of the Florida	a Dept. of Stat	de:		
		1200 SOUTH PINE ISLAN	ND ROAD					
		Registered Office Address (M	UST BE FLORIDA STREE	T ADDRESS	5)	_		
		Plantation		FL <u>3332</u> 4	1			
(b)	(b)	Corporation Service Comp	any			_	7 19	
		Enter name of <u>NEW Registered</u>	<u>Ngent</u> and/or <u>NEW Register</u>	ed Office ad	<u>dress</u> :			
		1201 Hays Street				_		
		NEW Registered Office Address						
						_		
		Tallahassee	, I	FL <u>32301</u>		_		
the age was	cha nt w s/we	mited liability company is n nge or changes are made, the vill be identical. Or, in the c re authorized by an affirmat cles of organization or the o	e Florida street address ase of a Florida limited ive vote of the members	of the regi liability co s of the lim he limited	stered offic ompany, it i nited liabilit liability cor	e and the business offices is hereby confirmed that the company or as other	ce of the registered at the change(s)	
S	ignat	ur of a medicier or authorized rep	resentative of a member			Printed or typed name of	signee	
pro the to r not	visio obli nere ified	oy accept the appointment as ons of all statutes relative to gations of my position as re It reflect a change in the re I'm writing of this change Te of Registered Agent Corpora	o the proper and comple gistered agent as provid gistered office address,	ite perform ded for in (I hereby c	ance of my Chapter 60, onfirm that	pacity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	iar with and accep ment is being filed mpany has been	

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