Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000924113)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE ON CALL INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

APR 05 2017

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## COVER LETTER

Division of Corporations	
On Call International LLC SUBJECT:	
Name	of Limited Liability Company
Dear Sit or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	nutter to the following:
Emily Pearl	
Name of Person	<u> </u>
CT Corporation	
Firm/Company	<del></del>
1999 Bryan Street, Suite 900	
Address	
Dallas, TX 7520i	
City/State and Zip Code	
emily.pearl@wolterskluwer.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Emily Pearl	214 932-3606
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314
Enclosed is a check for the following amount	ount;
₩ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INFIS18 (2/14)	

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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 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. N	ame of the limited liability company: On C	all International LLC			
2. (a)	11 Man D-1		(b) 11 Manor Parkway		
,	Principal office address of limited liability of (Note: MUST BE STREET ADDRE	company:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Salem, NH 03079		Salem, NH 03079		
	8/13/2009		M09000003160		
3.	Date of filing/registration in Florid	<del>da</del> 4.	Document number		
5. (a)	Registered Agent Solutions, Inc.		. 1		
). ( <b>u</b> )	Registered Agent and Registered Office shown on the	ne records of the Florida I	Dept. of State:		
	155 Office Plaza Dr.		Dept. of State:		
	Registored Office Address (MUST BE FLORID.	A STREET ADDRESS)	<u> </u>		
	Suite A		<i></i>		
	Tallahassee	, FL_32301			
	1200 South Pine Island Road  NEW Registered Office Address:				
	Plantation	, FL <sup>33324</sup>			
ie char gent w as/wei	ige or changes are made, the Florida street a ill be identical. Or, in the case of a Florida	der the laws of the St address of the registe limited liability com nembers of the limite ent of the limited liab	state of Florida, it is hereby confirmed that after eared office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.		
	re of a member of authorized representative of a mem		Printed or typed name of signee		
e oblic merel otified	sations of my position as registered agent a y reflect a change in the registered office ac in writing of this change	s provided for in Cha ddress, I hereby conf	n this capacity. I further agree to comply with the ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
_////	of Registered Agent				
-J/	Assistant	Secretary			
	Division of Corporations	s• P.O. Box 6327• '			

INHS18 (2/14)