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.

(((H190001070713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

\*\*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 US LEC COMMUNICATIONS LLC

Certificate of Status	0
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

15129570210

US LEC COMMUNICATIONS LLC Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo					
Name of Person					
Registered Agent Solutions, Inc.	—				
Firm/Company					
1701 Directors Blvd, Suite 300					
Address					
Austin, TX 78744	三				
City/State and Zip Code					
notices@rasi.com					
E-mail address: (to be used for future and	ual report notification)				
For further information concerning this matter,	, please call:				
Mary Castillo	888 705-7274				
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 Tallahassee, Florida 32314				
Enclosed is a check for the following	; amount:				
<b>☑</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS 18 (7)(4)					

## 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 Stanutes, 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.

I. Na	me of the limited liability company: US LEC	<u>CO</u>	<u>MMUN</u>	IICATIO	NS LI	<u>_C</u>			
2 (a)		(							
<u> </u>	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)	۱ ۱	i	Mailing address of (Note: MAY BI	ling address of limited liability company: Note: MAY BE POST OFFICE BOX				
	4001 RODNEY PARHAM ROAD		4001 RC	DONEY PARHAM ROAD					
	LITTLE ROCK, AR 72212		LITTLE	ROCK,	٩R	7	2212		
	05/12/2010		M100	0000215	59				
3.	Date of filing/registration in Florida	4.	·····	Document nur		- <del></del>			
5. (a)	Registered Agent and Registered Office shown on the records of			<u>.</u>					
	•		la Dept. of Stat	e:					
	C T CORPORATION SYST			•		23			
	Registered Office Address (MUST BE FLORIDA STREET.	<u> 1DDRES</u>	<u>2)</u>		三五語	2019 APR -			
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				至治	APF	APP To		
	PLANTATION, PL 33324					7	TPR		
					公共		mas		
(h)						子			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	<u> </u>	AH 11: 02	_		
					된 <u>기</u>	20			
	Registered Agent Solutions, Inc.			_	- <u>.</u> · ·				
<u></u> 1*	NEW Registered Office Address:								
	155 Office Plaza Dr., Suite A			_					
<del>-</del>	<b>-</b>	2000							
٤.	Tallahassee , FI.	3230	l 	-					
the cha agent z was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of less of organization or the operating agreement of the	the reg ability of the li	istered offic company, it i mited liabilis	e and the busin is hereby confir ty company or a	ess office o med that th	of the i	registered nge(s)		
	risti Maady		risti Mo		M	ana	ger		
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sign	ee .			
provisi the obl to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	nerian	のとのことで とば かれい	duturs and Lai	ท ในทาเมณา	wiin a	па ассери		
Circust	Justine Karnell								
Signatu	re of Egistered Agent Assistant Secretary								
	Division of Corporations P.O. 1	Box 632	27● Tallaha	ssee, FL 32314					

FILING FEE: \$25.00