To: Pa Division **Division of Corporations** Electronic Filing Cover Sheet 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. (((H170000628043))) ..... H170000628043ABC Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 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: 103 LLC REGISTERED AGENT CHANGE THAR -**EARTHLINK CARRIER, LLC** Certificate of Status 0 90 AM 8: Certified Copy 0 ö Page Count 02 . أن ÅH Estimated Charge \$25.00 ۍ دې S S S L 2017<sub>3</sub>HAR 200  $\leq$ 

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19542080845 From Ranae McGraw .

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

	me of the limited liability company: <u>EARTHLINKC</u>		
(a)	Principal office address of limited liability company: ( <u>Note: MUSTBE STREET ADDRESS</u> )	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4001 Rodney Parham Rd., Little Rock AR 72212		
	10/16/2012		000005790
	Date of filing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records of the Florida Dept, of Stat CorporationServiceCompany		of State.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	1201HaysStreet		
	Tallahassee, FL	32301-2525	HAR II
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
			FILMIT
	CTCorporationSystem		RID 53
	NEW Registered Office Address: 1200SouthPinelslandRoad		
	Plantation	33324	
ne cha gent v as/wo	imited liability company is not organized under the lating or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the State f the registered ability compared of the limited 1	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member	wichssan	Printed or typed name of signee
here rovis he obl	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide	ree to act in th performance ed for in Chapt hereby confirt	is canacity. I buther agree to comply with the
otifie	a in writing of this change. The CIL	James M.	

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

INHS18 (2/14)

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