m12000006050

(Re	equestor's Name)	_
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	9)
(Do	ocument Number)	
Continue Contra	Contification	of Chabus
Certified Copies	Certificates (of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE FALL AHASSEE. FLORIDA

SECRETARY OF STATE DIVISION OF CURPORATION

JUN 16 2015



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 11, 2015

Order#: 635837-152

Re: DELTACOM, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

2. (a)	1170 Peachtree St. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 7037 OLD MADISON PIKE				
			Ma	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 900		SUITE 400	ı			
	ATLANTA GA 30309		HUNTSVIL	LE, AL 35806			
	10/26/2012		M12000006	6050			
3.	Date of filing/registration in Florida	4.	D	Ocument number			
5. (a)	NRAI SERVICES, INC.						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:				
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>				
						3	
				3 <u>0</u>	उत्ते	SE(
	Plantation, FI	_ <u>3332</u>	4		JUN	22	
				HASE	15	유류포	
(b)				SER	<		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	T)		- 중국 	
	1001.11			<u> </u>	22 00	A A	
	1201 Hays Street NEW Registered Office Address:			Q.	23	SWOLL SE	
	Registered Office Address:					कि	
							
	Tallahassee FI	32301	I				
the cha agent v was/w	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 liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regi ability co of the lin	stered office a ompany, it is had the company, it is had a constant the company of the company	and the business office hereby confirmed that company or as otherw	e of the re	egistered	
				-			
,		Dor	na Priebe, Auth	horized Person			

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President