Florida Department of State

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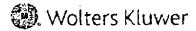
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COVER MESSAGE

Seth Crose Associate Fulfillment Specialist **Fulfillment Operations** CT Corporation

Team (614) 280-3338 GlobatFulfillmentTeam@wolterskluwer.com



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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 us registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: TeleQuality C	lommunications	, LLC
2. (a)		(b)_	
	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	21202 GATHERING OAK	:	21202 GATHERING OAK
	SAN ANTONIO, TX 78250		SAN ANTONIO, TX 78260
	02/19/2018	М	18000001738
3.	02/19/2018 Date of filing/registration in Florida	4,	Document number
วี. (a)	CORPORATION SERVICE COMPANY		
ν. τα	Registered Agent and Registered Office shown on the record	s of the Fiorida D	ept. of State.
	Registered Office Address	ET ADDRESS)	
	1201 ILAYS STREET	. <u> </u>	<u> </u>
	TALLAHASSEE	FL 32301-252	5 5
			18 #04 15
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		mg & I
	C.T. Corporation System		HOW 15 AM 8: 82
	NEW Registered Office Address.		2
	(200 South Pine Island Road		·
	Plantation	. FL 33324	
the chagent was we the art	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the membericles of organization or the operating agreement of	claws of the S s of the registe d liability con- ers of the limite the limited lia Nathar	tate of Florida, it is hereby confirmed that after tred office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
	altire of a member or authorized representative of a member		Printed or typed name of signee
пощк	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp digations of my position as registered agent as pro- rely reflect a change in the registered office address at in writing of this change.	l agree to act is lefe performar vided for in Ch s, I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	Orporation System Stephanie Boehm, Asst Secretary ure of Registered Agent		
ាសខ្មាន	ure of Registered Agent		

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