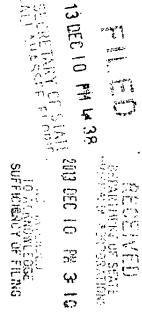
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0503 unge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State	of Flori	
1. The name of	the corporation: NORTH AMERICA	N TELECOMMUNICATI	ONS CORP	ORATION
, ,	office address: Las Olas Blvd., 9th Floor	Fort Lauderdale	FL	33301
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: March 13, 20	01 Document number:	P010000	27416
5. The name and Florida Depar	d street address of the current registered apriment of State: (If resigned, enter resigned	(I)	le with the	13 13
	THARRINGTO		— 語	EC
	4 WEST LAS OLAS BI	LVD, 9TH FLOOR		0
	Fort Lauderdale	, FL 33301		是「
6. The name and (if changed):	d street address of the new registered agen National Corporate Rese		d office	38 38
		ardii, Etd., iiid.	<del></del>	
	155 Office Plaza Drive	recentable	The state of the s	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of	of its registere	d agent,
Such change wa authorized by th	as antibrized by resolution duly adopted to footd, or the corporation has been not to the corporation has been not to the corporation has been not to the corporation because of the corporation to the corporation during the corporation duly adopted the corporation duly adopted to the corporation dul	by its board of directors or by fred in writing of the change.	an officer so	Hypsney
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and ac is document is being filed merely to reflect that the corporation has been notified in	agree to act in this capacity. les relative to the proper and cept the obligation of my posi ct a change in the registered of writing of this change.	complete ition as regista Office address,	red 1
Sign	Quarter of Registered Agent	12/10/20	13	
If signing on bel	half of an entity:	ŧ		
cv Rose. A	ssistant Secretary			

\* \* \* FILING FEE: \$35.00 \* \* \*

Typed or Printed Name