	NSMITTAL LETTER	1	O/Lon
<b>TO:</b> Amendment Section Division of Corporations	"L futter	 	
	<u>&gt;mmunications_Fac.</u> (Name of corporation)		
DOCUMENT NUMBER: <u>Po</u>	10000 35591		-
The enclosed Statement of Change of Re	gistered Office/Agent and fe	e are submitted for filing.	
Please return all correspondence concern	ing this matter to the followi	ing:	
Soseph C. Russ (Name of person)	<u>s, ESq.</u>	-	,
Donnelly a Rus (Name of firm/company	so, P.A.		<b>.</b>
3708 West (Address)	Evelid Are	-08/29/020 *****43.75	1029029 *****43.
(Citylstate and zip code	33629		· · · ·
For further information concerning this	matter, please call:		
(Name of person)		2–9790 ne telephone number)	
Enclosed is a \$35.00 check made payabl	e to the Department of State.		
Amendment Section An	reet Address: nendment Section vision of Corporations	- · · - ·	- <u>-</u>
P.O. Box 6327 409 Tallahassee, FL 32314 Ta	9 E. Gaines Street llahassee, FL 32399		
P.O. Box 6327 Tallahassee, FL 32314 We are enclosing CachGiet of Grood St	Illahassee, FL 32399 on additional \$8. nding. Please send	75 for q the certificate	
P.O. Box 6327 409 Tallahassee, FL 32314 Ta	Illahassee, FL 32399 on additional \$8. nding. Please send		

V SHEPARD SEP 4 ZUUZ

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of

<u>FLA</u> in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Q24 Connexications, The.	
2. The principal office address: 3901 Coconst Palm Prive, Surte 16	2
Tampa FL. 33619	Er o De la
3. The mailing address (if different):	2000
- Sqme -	
4. Date of incorporation/qualification: $4/4/61$ Document number: Po 1.0000 35591	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Timothy Dana	
<u>4004</u> Orange St. Seffner, FL. 33584	
Seffner, FL. 33584	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	·····
(P.O. Box or personal mailbox NOT acceptable)	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer, chairman or vice chairman of the board) Tim Danc Pres, den t (Printed or typed name and title)	·
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, Thereby confirm that the corporation has been notified in writing of this change.	
(Signature of Registered Agent) (Date)	z
If signing on behalf of an entity: <u>Tim Para</u> fres. dent & CEO	: · ·
(Typed or Printed Name) (Capacity)	a. T
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314