

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

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ECRETARY OF STATE
LLAHASSEE, FLORIDA

OCT - 2011

R. WHITE



July 30, 2013

BEVERLY Y. MENARD TELECOM REGULATORY SERVICES INC 4511 W. SAN RAFAEL ST. TAMPA, FL 33629 US

SUBJECT: TELECOM REGULATORY SERVICES, INC.

Ref. Number: P02000034773

We have received your document for TELECOM REGULATORY SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 413A00018329

RECEIVED

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JIVISTON DE CORFURATION

TALL JAHAN SEE, FLORIDA



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Letter Number: 413A00018329

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Telecom Regulatory Services, Inc.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Y. Menard

Name of Person

Telecom Regulatory Services, Inc.

Firm/Company

4511 W. San Rafael St.

Address

Tampa, FL 33629-5505

City/State and Zip Code

bymen@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Y. Menard

ູ, 813 ຸ 417-5502

Name of Person

Area Code & Daytime Telephone Numbe

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

COVER LETTER

Division of Corporations	
SUBJECT: TELECON REGULATORY SER Name of Co	vices, Inc.
DOCUMENT NUMBER: POZOCO34773	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
BEVERLY Y. MENA Name of Con	tact Person
TELEOM REGULATE	DRY SERVICES, INC.
<u>ρο Βοχ 10130</u> Addr	ess
TAMPA FL 33679 City/State and	d Zip Code
h	L
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please c	ali:
BEYERLY Y. MENARD	at (813) 417-5502 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departi	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
,	Tallahassee, FL 32301

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Terscom Resultatory Services, Tax.
2. The principal office address: 4511 w. Son Paper St
TAMPA, FL 33029-9505
3. The mailing address (if different): PO Box 10130
TAMPA, FL 33679-0130
4. Date of incorporation/qualification: Maken 29,2002 Document number: POZ 0000 34773
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
JOHN S MENARP
109 N. BRUSH ST. STE. 150
TAMPA, FL 33GOZ
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BEVERLY Y. MENARD
4511 W SAN RAFAGE ST. P.O. Box NOT acceptable
TAMPA, FL 33629-5505
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.
Bevery Y. Mengao, Vice Presidente Signature of all officer or director Bevery Y. Mengao, Vice Presidente 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, I hereby confirm that the corporation has been notified in writing of this change.
Bevery 4. Merard September 28, 2013 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)