P02000098361

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
TRUENET COMMUNICATIONS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUENET COMMUNICATIONS CORP.
Name of Corporation

DOCUMENT NUMBER: P02000098361

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Name of Contact Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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November 3, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRUENET COMMUNICATIONS CORP.
7666 BLANDING BLVD
JACKSONVILLE, FL 32244

SUBJECT: TRUENET COMMUNICATIONS CORP.
REF: P02000098361

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Part 2 and 3 was left blank on the form. Please complete the document in its entirety.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H16000271129
Letter Number: 616A00023648

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16 NOV -3 AM 9:42

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: TRUENET COMMUNICATIONS CORP.
2. The principal office address: NO CHANGES
3. The mailing address (if different): NO CHANGES
4. Date of incorporation/qualification: 09/11/2002 Document number: P02000098361
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)

   CORPORATION SERVICE COMPANY

   1201 HAYS STREET TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road

   P.O. Box NOT acceptable

   Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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.

Laura Carden — Signature of an officer or director

Laura Carden, Executive Vice President and Chief Financial Officer — 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.

C T Corporation System

By: Alfred Younan — Signature of Registered Agent

10/24/2016 — Date

If signing on behalf of an entity: Assistant Secretary

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)