## P02000107072

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone	<del>*</del> #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(E	ocument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	





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SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: MBL Telecom Services INC. (Name of Corporation)		
DOCUMENT NUMBER: P02000107072		
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:		
Mark Lawson		
(Name of Contact Person)		
MBL Telecom Services INC (Firm/Company)		
1254 Water Lily LN (Address)		
(Tuuros)		
Rockledge FI 32955		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark Lawson at (423 ) 5078747  (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



January 11, 2006

MARK LAWSON 1254 WATER LILY LN ROCKLEDGE, FL 32955

SUBJECT: MBL TELECOM SERVICES, INC.

Ref. Number: P02000107072

We have received your document for MBL TELECOM SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6927.

Tracy Smith Document Specialist

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Letter Number: 006A00002092

## 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 statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the	e State of
The name of the corporation: MBL Telecom Services INC	· · · · · · · · · · · · · · · · · · ·
The principal office address: 402 County Road 168     Athens Tn 37303	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/2/02 Document number	P02000107072
5. The name and street address of the current registered agent and registered office Florida Department of State:	on file with the
Mark Lawson	
1254 Water Lily Ln	
Rockledge FI 32955	75.06
<ol><li>The name and street address of the new registered agent (if changed) and /or reg (if changed):</li></ol>	ristered office FEB 15
Susan Lynn CPA	SENON E D
4175 U.S. 1 Suite 102 (P.O. Box NOT acceptable)	EFFLOAIDE STATE
Rockledge, FI 32955	P
The street address of its registered office and the street address of the business as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of director authorized by the board, or the corporation has been notified in writing of the control of the corporation has been notified in writing the corpor	s or by an officer so hange.
Mork Lawson CE O (Signature of an officer or director)  Mark Lawson CE (Printed or type)	EO sed name and title)
I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the property of my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office address corporation has been notified in writing of this change.	pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
2-/1-0 (	O stel
If signing on behalf of an entity:	aco
(Typed or Printed Name)	

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

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