PD200115961

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



400253139624

10/31/13--01031--003 **35.00

SECRETARY OF STATE
TALL ANASSET TO ORIDA

NOV - 5 2013 T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MDI Telecom Corp.

Name of Corporation

DOCUMENT NUMBER

P02000115961

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:

Karen L. Still

Name of Contact Person

MDI Telecom Corp.

Firm/Company

PO Box 658

Address

Ponte Vedra Beach, FL 32004

City/State and Zip Code

kstill@syncworks.com

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

For further information concerning this matter, please call:

Karen L. Still

.,904

280-1235

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

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

statement of ch	ange is submitted for a corporat	?, 617.0502, 607.1508, or 617.1508, Florida Statutes, tion organized under the laws of the State of Florida	this
in ord	ler to change its registered office	e or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: MDI Telec	com Corp.	
2. The principa	al office address: 6 South R	oscoe Blvd.	
Ponte V	edra Beach, FL 3208	32	
	address (if different): PO Bo		
Ponte	Vedra Beach, FL 320		
4. Date of inco	rporation/qualification: 10/29	0/2002 Document number: P02000115	5961
	nd street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	3107 Sawgrass Villa	age Circle	
	Ponte Vedra Beach	, FL 32082	
			7 <u>₹</u> 3
			130 130 130 130 130
6. The name ar (if changed)		stered agent (if changed) and /or registered office	ECRETARY LLAH ISSE
	6 South Roscoe Blv	d.	로 한국
	Ponte Vedra Beach	, FL 32082	STA: . OR 2: 3
	P.	O. Box NOT acceptable	IDA 6
		the street address of the business office of its registery adopted by its board of directors or by an officer so been notified in writing of the change.	
Kan	at 15kil	Karen L. Still, Director	
Signa	ture of an officer or director	Printed or typed name and title	
I further agree performance o	e to comply with the provisions of my duties, and I am familiar v	agent and agree to act in this capacity. of all statutes relative to the proper and complete vith and accept the obligation of my position as regi ely to reflect a change in the registered office addre notified in writing of this change.	istered ss, 1
Karen	r CShu	10/29/2013	
Si	ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Typed or Printed Name		
	***FI	LING 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)