102000/23175

(Re	questor's Name)						
(Ad	(Address)						
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(Cit	y/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Na	me)					
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COVER LETTER

то:	Amendmen Division of	t Section Corporations								
SUBJ	ECT:		er Telecom, In	С.						
DOCU	JMENT NU	MBER:	P0200012388	5						
The en	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.									
Please	return all cor	respondence concerning this	natter to the followi	ing:						
		,								
			n S. Lebowitz							
	_	Name	of Contact Person							
		•								
			ar Investments,	Inc.						
		Fi	m/Company							
		Post Of	tion they namne							
		Post Of	fice Box 029006 Address							
			71001455							
		Fort Laur	derdale, FL 3330	12						
	•	City/S	ate and Zip Code	<u></u>						
		reagul@d	hinveetmente co	m						
	_	E-mail address: (to be used	binvestments.co for future annual							
		`		•						
For fu	rther informat	tion concerning this matter, pl	ease call:							
	R	obin S. Lebowitz	at (954	769-5949 ode & Daytime Telephone Number						
	Nam	e of Contact Person	Area C	ode & Daytime Telephone Number						
Enclos	sed is a \$35.00	O check made payable to the I	Department of State.							
		Mailing Address: Amendment Section	Str.	eet Address: lendment Section						
		Division of Corporatio		vision of Corporations						
		P.O. Box 6327		fton Building						
		Tallahassee, FL 32314		1 Executive Center Circle						
			Tal	lahassee, FL 32301						

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

statement of cha	nge is submitted for a co	rporation organizea	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of Florida	
	the corporation: Direct				
2. The principal	office address: 1500 C	ordova Road, S	uite 302, Fort Lauder	dale, FL 33316	
3. The mailing a	ddress (if different): Po	st Office Box 02	9006, Fort Lauderda	le, FL 33302	
4. Date of incorp	poration/qualification:	11/19/2002	Document number:	P02000123885	
	I street address of the cur trnent of State: (If resign		and registered office on f	ile with the	
	Corporate Creation	s Network, Inc.			
	11380 Prosperity F	arms Road, #22	21		
	Palm Beach Garde	ens, FL 33410			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	William J. Gross, E	sq:/Tripp Scott,	P.A.		
	110 S.E. 6th Street	t, 15th Floor P.O. Box NOT acc	onestal o		
	Fort Lauderdale, Fl		ериоте		
The street address changed will	ess of its registered offic be identical,	e and the street add	ress of the business offic	e of its registered agent,	
Such change wa authorized by the	as authorized by resolutive board, of the corporat	on duly adopted by ion has been notific	its board of directors or ed in writing of the chang	by an officer so ge.	
Signatu	of an officer or director		Edward A. Cespe	odes, President	
I further Maree	to comply with the provi	isions of all statutes	gree to act in this capaci relative to the proper a tion of my position as reg gistered office address, i	ty, nd complete performance pistered agent. Or, if this I hereby confirm that the	
Willen			4/23/6	•	
1	nature of Registered Agent half of an entity:		Date		
<u>T</u>	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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