## P04000132049

(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	nlv



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C. MUSTAIN



August 23, 2012

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: CORETEL FLORIDA, INC.

Dear Sir or Madam:

Enclosed please the Statement of Change of Registered Office and Agent for Corporation application for the above mentioned. Also enclosed is the required \$35 filing fee.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Joélle Churik Client Specialist

ichurik@nrai.com

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CORETEL FLORIDA, INC.
2. The principal	office address:
3. The mailing a	address (if different): 209 WEST STREET, SUITE 302, ANNAPOLIS, MD 21401
4. Date of incor	poration/qualification: 09/21/2004 Document number: P04000132049
	d street address of the current registered agent and registered office on file with the remainder the street of State: (If resigned, enter resigned)
	CT CORPORATION SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	515 East Park Avenue; Tallahassee, Florida 32301
	P.O. Box NOT acceptable
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Christopher Van de Verg, Secretary  o of an oflyter or director  Printed or typed name and title
I further agree to performance of agent. Or, if this hereby confirm to the confirmation to the confir	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By:	I Services, fric 823/2012— The of Registered Agent Date
If signing on bel	nalf of an entity:
Joelle Churik, As	sistant Secretary
Ту	ped 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