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Division of Corporations Public Access System

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To:

Division of Corporations

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: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A

Account Number : 076424003301 Phone

: (813)223-7474

Fax Number : (813)229-6553

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REGISTERED AGENT CHANGE

PROXIMITI COMMUNICATIONS, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu statement of change is submitted for a corporation organized under the laws of the State of Floridge in order to change its registered office or registered agent, or both, in the State of Floridge.	rida		
1. The name of the corporation: PROXIMITI COMMUNICATIONS, INC. 2. The principal office address: 5410 MARINER STREET, SUITE 175, TAMPA, FLORI		. 09	
3. The mailing address (if different):			
4. Date of incorporation/qualification: 09/28/04 Document number: P0400013	5373		
The name and street address of the current registered agent and registered office on file with the Florida Department of State:	.e		
KAREN R. SMITH, ESQ., TRENAM KEMKER	•	•	
101 E. KENNEDY BLVD., STE 2700	ĪΑS		
TAMPA, FLORIDA 33602-5170		07 A	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DON DAVIS	(ETAR)	07 AUG 29	4390
DON DAVIS	EE,	PX	9 1
5410 MARINER STREET, SUITE 175 (P.O. BOX NOT acceptable) TAMPA, FLORIDA 33609	STATE FLORIDA	2: 19	C
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered :	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an official by the board, of the corporation has been notified in writing of the change. GREGORY D. SMITH, PRE GREGORY D. SMITH, PR	icer so		
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby c copperation has been notified in writing of this change.	te perfor zent. Or onfirm ti	mance , if this rat the	
(Signature of Registered Agent) (Dem)			
If signing on behalf of an entity:			
DON DAVIS			
(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 (8/05)