## P0400158184

AUG 01 2014

R. WHITE

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·					
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MINOTALLANDA PUNCH AND STATE OF THE STATE OF

RECEIVED



ON SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 238900 7991729	
AUTHORIZATION : Lovello Blams	
COST LIMIT : \$35.00	_
ORDER DATE : July 31, 2014	
ORDER TIME : 10:26 AM	
ORDER NO. : 238900-005	
CUSTOMER NO: 7991729	
CHANGE OF AGENT	
NAME - DEG UTDIN DOLLOW THE	
NAME: DES VIEUX TELECOM INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Courtney Williams EXT# 62925	
EXAMINER:	

## . ! TO STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections ange is submitted for a er to change its register	corporation organize	ed under the laws	of the State of	Florida		
1. The name of	the corporation: DES \	VIEUX TELECOM IN	C.				
	office address: 8240 N			DRAL, FL 331	66		
	20 (10 to 10 to						
3. The mailing a	address (if different):		<del>,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4. Date of incor	corporation/qualification: 11/19/2004 Document number: P04000158184						
	d street address of the crument of State: (If resign			office on file v	vith the		
	SALAZAR-WICHMAI	NN, MARIA M			-		
	8240 N.W. 52ND TER	RRACE, SUITE 503			-		
	DORAL		FL 33	3166	_		
6. The name and (if changed):	d street address of the n	ew registered agent (	if changed) and /c	or registered o	Mice The state of		
	Corporation Service (	Company					
	1201 Hays Street		eptable		3 3		
	Tallahassee	P.O. Box NOT acc		2301			
The street addre	ess of its registered off be identical.	ice and the street add	dress of the busin	ess office of i	ts registered agent.		
Such change was authorized by th	as authorized by resolute board, or the corpor	tion duly adopted by ation has been notifi	its board of directed in writing of the	ctors or by an ne change.	officer so		
	re of an officer or director		Higinia 10	VN9 - S	of Enternal Contra		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as re- to comply with the pro- my duties, and I am fa is document is being fi that the corporation ha in Service Compan	gistered agent and a visions of all statutes miliar with and acce led merely to reflect as been notified in w	gree to act in this s relative to the pe ept the obligation a change in the r	capacity. roper and con of my position egistered office			
By: Emile Sign	nature of Registered Agent		07/31/14	Date	***		
	half of an entity:	Emily Gray Vice President					
Ту	ped or Printed Name	~Vacat					

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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