

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.*

Email Address: _____

RECEIVED

11 DEC 29 AM 8:20

TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
NU ERA TELECOM INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

12/30/11

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: NU ERA TELECOM INC
Name of Corporation

DOCUMENT NUMBER: P05000033718

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

marcelok@uniontelecomusa.com

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

For further information concerning this matter, please call:

Name of Contact Person

at ()

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

CR2B045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NU ERA TELECOM INC
2. The principal office address: 1111 LINCOLN RD. #400, MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/3/2005 Document number: P050000337
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBERTO CONRADO

1111 LINCOLN RD. #400

MIAMI BEACH, FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Barbara Burks
Signature of an officer or director

Barbara Burks, Secretary

Printed or typed name and title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, document is being filed merely to reflect a change in the registered office address. I hereby confirm the corporation has been notified in writing of this change.

By:

C T Corporation System

Kristin Bolden
Signature of Registered Agent

12/21/2011

Date

If signing on behalf of an entity:

Kristin Bolden

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)