

P09000060266

JHC/t - 10842-23981
BLANCHARD MERRIAM
ADEL KIRKLAND
ATTORNEYS AT LAW SINCE 1974
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Ocala, Florida 34478-1869
(Address)

(City/State/Zip/Phone #)

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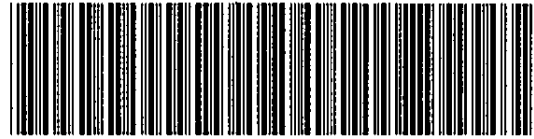
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A.

OCT - 4 2012

T. BROWN

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: Assurance Home Phone Services, Inc.
2. The principal office address: 4352 SE 95th Street, Belleview, FL 34420
3. The mailing address (if different): PO Box 831784, Ocala, FL 34483

4. Date of incorporation/qualification: 7/14/2009 Document number: P09000060266

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)

Gary W. Birch

3023 SE 13th Street

Ocala, FL 34471

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

Jose H. Cortes, Jr., Esq.

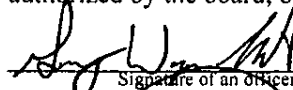
4 Southeast Broadway Street

P.O. Box NOT acceptable

Ocala, FL 34471

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

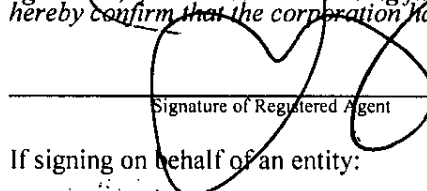
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Gary Wayne Birch, President

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, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

September 24, 2012

Date

If signing on behalf of an entity:

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 (03/12)

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