P21649 Requestor's Name

600002637966--3 -09/14/98--01029--007 ****280.00 ******35.00

CHARLES	OYLE & COMPANY, INC. Office Use Only	Office Use Only	
C 82	Shadybrook Drive ER(S), (if known): Suite B etta, GA 30066-6216		
	211-8645 Fax (800) 211-8647		
	auon ramo, ument #)		
2	ration Name) (Document #)		
Согр	ration Name) (Document #)		
3(Corn	ration Name) (Document #)		
` •	TALI 1ALI		
4(Corp	ration Name) (Document #)	~-	
Walk in	Pick up time Certified Copy		
Mail out	Will wait Photocopy Certificate of Status ?		
NEW FILINGS	AMENDMENTS	****	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER HIMNGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		

Trademark

Other

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office					
or registered agent, or both, in the State Flori		ngo its registered office			
1a. The name of the corporation is: Metropolitan Fiber	Systems of Florid	a, Inc.			
1b. Date of incorporation: 11-7-88	Document	P21649 number			
2. The name and address of the current reg	istered agent and off	Tes se			
1200 South Pine Island Road, Plantation	n, Fl 33324	B SE			
3. The name and address of the new register (P.O. Box Not Acceptable)	red agent and office:	ASSE			
NRAI Services, Inc.					
526 East Park Avenue, Tallahassee, Florida 32301		STATE			
The street address of its registered agent and of its registered agent as changed will be ider Such change was authorized by resolution du an officer so authorized by the board.	ntical.				
Willia Edular	William E. Anders	on - Assistant Secretary			
SIGNATURE 8-10-98	Typed or printed r	name and title			
DATE					
	RATION AT THE PLATE APPOINTMENT A CITY. I FURTHER ACREMENT THE FOR THE FOR THE PLATE AMELIAR WITH THE PLATE AMELIA	ACE DESIGNATED S REGISTERED GREE TO COMPLY PROPER AND COM-			
Charles		ered Agent) Asst. Secy.			

CR2E045 (7-91)

FILING FEE: \$35.00