123464

(Requestor's Name) (Address)	5002
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	07/06/
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SECRETARY OF CLATE
TALLAHASSEE, FLOREDA

Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617)742-8484 Fax: (617)742-8482

June 30, 2011

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name: DeltaCom, Inc.

Please file the attached Corporate filing upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Suzanne Cryan

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:		Com, Inc.	·
-	Name	of Corporation	
DOCUMENT NUMBER	۲:	P23464	
The enclosed Statement of	f Change of Registered	Office/Agent and fee are so	ubmitted for filing.
Please return all correspon	ndence concerning this	matter to the following:	
•		Manage 1	
	Name	Vanna of Contact Person	
	inalite (or Contact Person	
	Bay State Co	orporate Services, Inc.	
	Fi	rm/Company	
•	6 Beaco	n Street, Ste. 510	
		Address	
	•		
	Bosto	on MA 02108	
	City/St	on, MA 02108 ate and Zip Code	
	·····		
E-ma	il address: (to be used	for future annual report	notification)
,		1	
For further information co	oncerning this matter, pl	ease call:	
. ,	/anna	617	742-8484
	Contact Person	Area Code & D	742-8484 Daytime Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Γ		
	Iailing Address:	Street Add Amendme	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Florida S d under the laws of the State of <u>l</u> d agent, or both, in the State of F	Alabama
1. The name of	the corporation: Delta	Com, Inc.		
2. The principal	office address: 7037 C	old Madison Pik	e, Suite 400, Huntsville, Al	_ 35806
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	03/20/1989	Document number:	P23464
	d street address of the cur tment of State: (If resign		nt and registered office on file wit	th the
	Corporation Service	e Company		
	1201 Hays Street,	•		-
		=		7 A A A
6. The name and (if changed):		,	if changed) and /or registered offi	DECRETARY ALLAHASSE
•	NRAI Services, I			AMII:
	515 East Park Ave	P.O. Boy NOT ac	ceptable	- 8 <u>></u> = 1
	Tallahassee, FL 3		сераоге	
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office of its	s registered agent,
			y its board of directors or by an ed in writing of the change.	
Signatur Signatur	e of an opticer or director		Don Hellwege Vice Presid Printed or typed name and tit General Counsel and Assist	The state of the s
I hereby accept I further agree to of my duties, and document is bein corporation has NRAI Service	the appointment as reg to comply with the provi d I am familiar with and ng fited merely to reflect been notified in writing es Inc	istered agent and a isions of all statute, d accept the obliga it a change in the ri g of this change.	General Counsel and Assist agree to act in this capacity, is relative to the proper and com tion of my position as registered egistered office address, I hereb	ant Secretary uplete performance agent. Or if this ny confirm that the
by:	nature of Registered Agent		06/26/2011 Date	
_	half of an entity:			
Tiniesha C	lark, Assistant Sec	retarv		
	ned or Printed Name	otary	,	

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