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SEP 28 2011

EXAMINER



PORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE :

925213

AUTHORIZATION

COST LIMIT

ORDER DATE: September 27, 2011

ORDER TIME : 11:03 AM

ORDER NO. : 925213-015

CUSTOMER NO: 4377198

CHANGE OF AGENT

NAME:

TALLA-COM, TALLAHASSEE

COMMUNICATIONS INDUSTRIES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of change is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statute. tion organized under the laws of the State of $\frac{Delaw}{e}$ or registered agent, or both, in the State of Florida.	are
	, TALLAHASSEE COMMUNICATIONS INDUSTRIE	ES, INC.
2. The principal office address:		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 07/27/	Document number: P25371	
5. The name and street address of the current re Florida Department of State:	egistered agent and registered office on file with the	
Cletus C Glasener		
1721 W. Paul Dirac Dr.		3 56
Tallahassee, FL 32310		SION OF CO
6. The name and street address of the new regis (if changed):	stered agent (if changed) and /or registered office	F CORPOR
Corporation Service Comp	pany	
1201 Hays Street		
(P.O. Box NO	OT acceptable)	
Tallahassee, FL 32301		
The street address of its registered office and as changed will be identical.	the street address of the business office of its regis	itered agent,
Such change was authorized by resolution du authorized by the board, or the corporation has	ly adopted by its board of directors or by an office as been notified in writing of the change.	r so
May Cathe (Signature of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acced document is being filed merely to reflect a chicorporation has been notified in writing of the	d agent and agree to act in this capacity. of all statutes relative to the proper and complete position as registered agen ange in the registered office address, I hereby conj is change.	performance it. Or, if this firm that the
Corporation Service Company By:	09/27/2011	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
Sylvia Queppet, Asst. Vice President	Photo:///	
(Typed or Printed Name)	I INC PPP. \$25.00 * * *	
" " FI	LING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314