

PA400021661  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6390  
From: Account Name : C T CORPORATION SYSTEM  
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

EMBARQ PAYPHONE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

PA change  
[Signature]

Electronic Filing Menu

Corporate Filing Menu

Help

7/1/09

**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: EMBARQ PAYPHONE SERVICES, INC.
2. The principal office address: 5454 W 110TH ST.  
OVERLAND PARK KS 66211
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/21/1994 Document number: P94000021661
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)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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  
Plantation, Florida 33324  
P.O. Box NOT acceptable

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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.

Kimberly Baggett KIMBERLY BAGGETT, SECRETARY  
Signature of an officer or director 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.*

C T Corporation System  
By: [Signature] 6/24/09  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Michael E. Jones  
Assistant Secretary  
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)