

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

P96000025453

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-27-99

REF. #: 0150.7701

CORP. NAME: Topp Telecom, Inc

600002942686--7  
-07/27/99--01022--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RA  
Change

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION     | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                 | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> CERT. OF AUTHORITY            | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                 | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION   | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: <u>Change of Agent</u> |   |  |

FILED  
99 JUL 27 PM 4:20  
TALLAHASSEE  
FLORIDA  
STATE  
LABORATORY

STATE FEES PREPAID WITH CHECK# 5566 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

X00789, 00709, 00672  
COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☐ CERTIFIED COPY

☒ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

RECEIVED  
99 JUL 27 PM 4:20  
TALLAHASSEE  
FLORIDA  
STATE  
LABORATORY

Mr  
7/27/99

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 27, 1999

CCRS  
103 N. Meridian Street  
Lower Level  
Tallahassee, FL 32301

SUBJECT: TOPP TELECOM, INC.  
Ref. Number: P96000025453

We have received your document for TOPP TELECOM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Ramsey  
Corporate Specialist

Letter Number: 199A00038257

RECEIVED  
99 JUL 29 PM 12:23  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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 FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: TOPP TELECOM, INC.

2. The mailing address of the corporation is: 8390 N.W. 25th STREET

MIAMI, FLORIDA 33122

3. Date of incorporation/qualification: MARCH 21, 1996

Document number: P96000025453

4. The name and address of the current registered agent and office:

NRAI Services, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

RICHARD SALZMAN

8390 N.W. 25th STREET

MTAMT. FLORIDA 33122

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Richard Salzman, Vice President  
(Printed or typed name and title)

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

(Signature of Registered Agent)

(Date)

**If signing on behalf of an entity:**

(Typed or Printed Name)

(Capacity)

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