P97000079150

(R	equestor's Name)		
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bi	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



000028814070

U4/U5/U4--U1U09--014 **35.00

O4 APR -5 AM II: 25

OKE SE VED

OKE SE VE

TALLAHASSE OF STAIL

C. Coulliste APR 0 7 2004

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY WALK-IN FILING CORPORATION NAME 1. PRECISION RELAY SEQUICES, INC. CHECK # 1173 AMOUNT \$ 35.00 PLEASE RETURN THE FOLLOWING: CERTIFIED COPY X PLAIN PHOTOCOPY CERTIFICATE OF GOOD STANDING / STATUS DOCUMENT TYPE: NEW FILING AMENDMENT ___ REGISTRATION / QUALIFICATION

X OTHER

CHANGE OF AGENT

TRANSMITTAL LETTER

Amendment Section Division of Corporations TO: SUBJECT: Precision Relay Services, Inc. (Name of corporation) DOCUMENT NUMBER: P970000079150 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of person) (Name of firm/company) (Address) (City/state and zip code) For further information concerning this matter, please call: (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

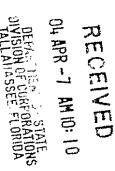
April 5, 2004

FLORIDA RESEARCH & FILING SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: PRECISION RELAY SERVICES, INC.

Ref. Number: P97000079150



We have received your document for PRECISION RELAY SERVICES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 604A00022106

* RESUBMITTING W/CORRECTIONS
PLEASE RETAIN ORIGINAL SUBMISSION
DATE

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 s change is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.			atement of in order	
	the corporation: Precision Relay Services, Inc.			
2. The principal	office address: 8151 Peters Road, Suite 4000, Plantation, FL 33324			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 9/11/1997 Document number: P970000079150)		
	d street address of the current registered agent and registered office on file with the rtment of State:			
	ERIC KABOT	TALL	2004	
	8151 Peters Road, Suite 4000	AHA	APR	
	Plantation, FL 33324	SSEE	-7	FILED
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CALIARY OF STATE	2004 APR - 7 PM 12: 5	0
	NRAI Services, Inc.	ΟΓ Α	රා	
	526 E. Park Avenue	_		
	(P.O. Box or personal mailbox NOT acceptable)			
	Tallahassee, FL 32301	_		
The street addre	ess of its registered office and the street address of the business office of its registe identical.	red age	nt, as	
Such change wathe board, or the	as authorized by resolution duly adopted by its board of directors or by an officer see corporation has been notified in writing of the change.	so autho	orized	by
4	Eric Kabot, Sec. (Printed or typed name and to	retar	<u>'4</u> _	
I hereby accept I further agree duties, and I an being filed mer	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pen familiar with and accept the obligation of my position as registered agent. Or, is ely to reflect a change in the registered office address, I hereby confirm that the continuous films of this change.	\	J	my it is
by: Eile	Choduk 3-31-54 (Signature of Registered Agent) (Date)			_
If signing on be	chalf of an entity:			
Eilee	n Ch addock Specual ASST- (Typed or Printed Name) (Capacity)	Sec	red	# (

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