P97000106511

Matthew J. Monaghan Esq. Requestor's Name	
Requestor's Name O	
P.O. Boy 1807	
Address	
Cotoa, 31 32923 - 1807 City/State/Zip Phone #	
City/State/Zip Phone #	

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>(Corp</u>	oration Name)	(Document #)	-
2(Corp	oration Name)	(Document #)	٠
3(Corp	oration Name)	(Document #)	:
4	oration Name)	(Document #)	
☐ Walk in ☐ Mail out ☐	Pick up timePh	SET OF O	
NEW FILINGS	AMENDMENTS	S	
Profit	Amendment		
NonProfit	Resignation of R.A.,	Officer/ Director	_
Limited Liability	Change of Registered	d Agent	
Domestication	Dissolution/Withdraw	wal	
Other	Merger		

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION:
Foreign
Limited Partnership
Reinstatement
Trademark
Other

RA Chg.

V. SHEPARD JUL 2 1 1999.

Examiner's Initials	

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

	provisions of sections o poration organized unde	-	12, 607.1508, or 617.1508, State of Florida	Florida Statutes, the
•		•	ristered office or registered of	agent, or both, in the
State of Florida				
1. The name of	the corporation is:F	PayPhone Conne	ection, Inc.	
2. The mailing a	address of the corporation	n is: 318 Ta	ngerine Avenue, Merri	tt Island, Florida 32953
3. Date of incor	poration/qualification: _	12/18/97	Document number:	P97000106511
4. The name and	d address of the current r	registered agent ar	nd office:	
	Scott A. Sev	wall		90
·	390 Wainai [Drive		100 H 1
-	Merritt Isla	and, Florida	32953	ptable) Kriss
5. The name and	l address of the new regi	istered agent and	office: (P. O. Box Not Acce	ptable) 🛠 🧢
_	Matthew J. M	Monaghan, Esqu	uire	(A)
_	96 Willard S	Street, Suite	302	A STATE OF THE STA
_	Cocoa, Flor	ida 32922		
The street addreagent, as chang	ess of its registered offi ed, will be identical.	ice and the street	address of the business of	ice of its registered
Such change wanthorized by the	as authorized by resolu	tion duly adopte	d by its board of directors of	or by an officer so
	all I are	<i>\ </i>	6/22/	/qq
(Signature	of an officer, chairman or vice	e chairman of the boa	<u>-</u> <u>-</u>	Date)
Sco	ott A. Sewall, Pres	ident		
	(Printed or typed name	· ·		
Having been no corporation, I I I further agree performance of registered agen	my aunes, ana 1 am ja	nt and to accept . intment as regist visions of all stat miliar with and c	service of process for the a ered agent and agree to ac tutes relative to the proper accept the obligation of my	bove stated t in this capacity. and complete position as
Ma	they Mo	Z	6/22/	' 99
(S	Signature of Registered Agent)		(Date)	
If signing on beha	lf of an entity:			
(Typed or Printed Name)		(Capacity)	

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