

P. 98000108210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Telecommunication Conexions of FL, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P98000108210

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:

Melo Dee Stephenson  
Name of Contact Person

Telecommunication Conexions of FL, Inc.  
Firm/Company

5485 Lee Street - Ste 3  
Address

Lehigh Acres, FL 33971  
City/State and Zip Code

Comconxxx@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melo Dee Stephenson at ( 239 ) 303-9000  
Name of Contact Person Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Telecommunication Connexions of Fla, Inc.
2. The principal office address: 5485 Lee Street - Ste 3 - Lehigh Acres  
Florida, 33971
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 12/1998 Document number: P98000108210
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)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Melo Dee Stephenson  
5485 Lee Street - Ste 3  
P.O. Box NOT acceptable  
Lehigh Acres, FL 33971

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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.

Melo Dee Stephenson  
Signature of an officer or director

Melo Dee Stephenson  
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.*

Melo Dee Stephenson  
Signature of Registered Agent

12/12/14  
Date

If signing on behalf of an entity:

Melo Dee Stephenson  
Typed or Printed Name

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