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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
| Solution Copies | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge C.COULLIETTE

APR 28 2009

EXAMINER

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--|------------|
| SUBJ | SJECT: Vanguard Telecommunications, Inc (Name of Corporation) | |
| DOC | CUMENT NUMBER: V51649 | |
| The e | enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing | |
| Please | se return all correspondence concerning this matter to the following: | |
| | Carol Mashek | |
| | Carol Mashek (Name of Contact Person) | |
| | Vanguard Telecommunications, Inc (Firm/Company) | |
| | 2614 Castilla Isle (Address) | |
| | Fort Lauderdale, FL 33301 (City/State and Zip Code) | |
| For fi | further information concerning this matter, please call: | |
| | Carol Mashek at (904) 910-0729 (Name of Contact Person) (Area Code & Daytime Telephor | ne Number) |
| Enclo | osed 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 Cir Tallahassee, FL 32301 | rcle |

TO:

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

| Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation of in order to change its registered office or r | organized under the laws of the State of | Florida | |
|---|--|--|------------------------------|
| | | 10/144 | |
| I. The name of the corporation: Vanguard Tele | | | |
| 2. The principal office address: 2614 Castilla Is | | | |
| Fort Lauderdale, FL 33301 | | · · · · · · · · · · · · · · · · · · · | |
| 3. The mailing address (if different): | | ·- ·- · · · · · · · · · · · · · · · · · | |
| 4. Date of incorporation/qualification: 07/20/1992 | Document number: V5164 | .9 | |
| 5. The name and street address of the current registe Florida Department of State: (If resigned, enter re | | ith the | |
| PIERCE ROBERT A | | + | |
| 227 S CALHOUN ST | | TALL TALL | , I |
| | 8 | | - Fil |
| The name and street address of the new registered (if changed): | l agent (if changed) and /or registered of | SRY F | į |
| Fred Elefant | | 15 30 30 31 31 32 30 30 30 30 30 30 30 30 30 30 30 30 30 |) lames |
| - 1650 Prudential Dr. Ste-105 (P.O. Box NOT acco | eptable) | IAUA ORIDA | • |
| Jacksonville, FL 32207-8148 | | + | |
| The street address of its registered office and the sas changed will be identical. | street address of the business office of i | its registered | agent, |
| Such change was authorized by resolution duly acauthorized by the board or the corporation has be | lopted by its board of directors or by an en notified in writing of the change. | n officer so | |
| O augusture of an officer or offector) | Carol Mashek, Pr (Printed or typed name and | esident | |
| I hereby accept the appointment as registered age I further agree to comply with the provisions of al of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch | ent and agree to act in this capacity. It statutes relative to the proper and co we obligation of my position as register. In the registered office address, I here lange. | mplete perfor ed agent. Or eby confirm th | rmance if this hat the |
| (Signature of Registered Agent) | 4-22-69 (Date) | | |
| If signing on behalf of an entity: | (Date) | | |
| | | | |
| (Typed or Printed Name) | | | |

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