

F09 00000 3666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

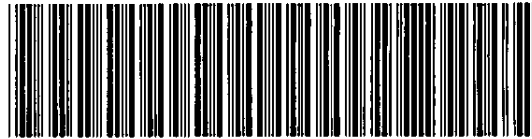
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 26 2015  
C. CARROTHERS

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DEPARTMENT OF STATE  
16 SEP 23 PM 3:08

2016 SEP 23 PM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

September 23, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re:      Order #: 10174672 SO  
         Customer Reference 1: None Given  
         Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

ABC PHONES OF NORTH CAROLINA, INC. (NC)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

CT CORP

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

1. The name of the corporation: ABC PHONES OF NORTH CAROLINA, INC.
2. The principal office address: 775 PRAIRIE CENTER DRIVE SUITE 420 EDEN PRAIRIE, MN 55344
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/14/2009 Document number: F09000003666

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)

RASI

4054 SAWYER RD.

SARASOTA, FL 34233

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Jamila Woods

Signature of an officer or director

Jamila Woods Vice President

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.*

By: Angel Shearer

Signature of Registered Agent

09/22/2016

Date

If signing on behalf of an entity:

Angel Shearer

Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED  
2016 SEP 23 PM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA