REGISTERED LIMITED LIABILITY COMPANY

No Filing Fe	ee	ID Number:
		ENT OF CHANGE OF ADDRESS THE RESIDENT AGENT
or the person		e)(1) of the General Laws, 1956, as amended, the undersigned resident agent, nt agent, submits the following statement for the purpose of changing the
1. The name	of the limited liability company is	S:
		DeltaCom, LLC
2. The addre is:	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 222 Jefferson Blvd., Suite 200, Warwick, Rhode Island 02888	
3. The NEW	address of the resident agent is:	
	10 Dorrance Street, Suite 530), Providence, Rhode Island 02903
4. The change	e of address of the resident agent s	hall become effective upon the filing of this statement, or on
	(a date not prior to, no	r more than 30 days after, the filing of this Statement)
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:	2/8/2013	Kathleen Fritz, Vice President
		Print Name of Resident Agent
	FILED	
	FEB 1 2 2013	Kathleen Fritz
	0	Signature
	Ву	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

