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November 22, 2019 Via E-File

Mr. Cayce Hinton, Director, Regulatory Analysis Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 DOCKET NO. 20190211-TX FILED 11/22/2019 DOCUMENT NO. 11084-2019 FPSC - COMMISSION CLERK

RE: Matrix Telecom, LLC d/b/a Matrix Business Technologies d/b/a Trinsic Communications d/b/a VarTec Telecom d/b/a Excel Telecommunications d/b/a Impact Telecom d/b/a Startec d/b/a Americatel Notification of Company Name Change to Add D/B/A

Dear Mr. Hinton:

This letter is submitted on behalf of Matrix Telecom, LLC d/b/a Matrix Business Technologies d/b/a Trinsic Communications d/b/a VarTec Telecom d/b/a Excel Telecommunications d/b/a Impact Telecom d/b/a Startec d/b/a Americatel ("Company") as notice that the Company is adding the d/b/a Lingo under which it will market services in Florida effective January 1, 2020.

Enclosed as Exhibit A is a copy of the Registration of Fictitious Name on file with the Florida Department of State, Division of Corporations.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3006 or via email to croesel@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

/s/ Carey Roesel

Carey Roesel Consultant

cc: Alex Valencia (Via E-Mail) - Matrix tms: FLx1901

Enclosures CR/sw Exhibit A Florida Department of State Documentation

| | APPLICATION FOR REGISTRATION OF FICTITIOUS NAME | | | | | | | |
|---------------------|---|--|---|---------------|----------------------------|---|--------------------------------------|--|
| | Note: Acl | Cingo Fictilious Name to be Registered (see instructions for certain prohibited words, abbreviations and designations) | | | | | FILED 2019 FEB 22 AM II: 33 | |
| Section 2 Section 1 | 2. | 433 E. Las Colinas Blvd. Suite 500 Mailing Address of Business | | | | | SECRETARY OF STATE TALLAHASSEE FL | |
| | 3. | | TX State bal place of business: _ | | 75039 Zip | | | |
| | 4. | <u>multiple</u> FEI Number of Business | (see instructions if more than | i one county} | | G 1 90000 02/22/1901003- This space for c | | |
| | A. Registrant if individual(s): (Use an attachment if necessary): | | | | | | | |
| | 1. | Last | First | 2 | Last | First | | |
| | | Address | | | Address | | | |
| | В. | City State Zip City State Zip Zip City State Zip Zip City State Zip | | | | | | |
| | | Matrix Telecom, LLC 2. Entity Name 2. 433 E. Las Colinas Blvd., Suite 500 | | | | | | |
| | | Address <u>Irving</u> City | | | Address City | State | Zip | |
| | Florida Document Number: <u>M16000001384</u> Florida Docume | | | | ent Number: | nt Number: | | |
| | FEI Number: <u>75-2332193</u> | | | | FEI Number: | | | |
| | | O Applied for | O Not Applicable | | O Appli | ed for O Not Appl | icable | |
| Section 3 | I the undersigned, being a registrant for the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the intention to register the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county in which the principal place of business of the registrant is or will be located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. $\frac{2 8 19}{Date} = \frac{2 8 19}{Date} = \frac{2 8 19}{Date}$ | | | | | | | |
| Section 4 | FOR CANCELLATIONS, COMPLETE THIS SECTION 4 ONLY: FOR FICTITIOUS NAME REGISTRATION CHANGE, COMPLETE SECTIONS 1 THROUGH 4: | | | | | | | |
| | I (we) the undersigned, hereby cancel the fictitious name, which was | | | | | | | |
| | registered on and assigned registration number | | | | | | | |
| | Signature of | Registrant Whose Registration is Bei | ng Cancelled Date | Signatu | ire of Registrant Whose Re | gistration is Being Cancelled | Date | |
| | Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30 NON-REFUNDABLE PROCESSING FEE: \$50 | | | | | | | |