

G 69 538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

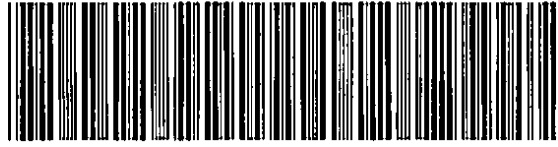
(Business Entity Name)

(Document Number)

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RA eRO change

09/08/21--01030--021 ++10.00

08/09/21--01021--002 ++25.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2021 SEP -7 AM 9:30

FILED

SEP 09 2021  
A RAMSEY

\*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2021

JAVIER MORLA  
PACIFIC CABLE TELEVISION INC  
1728 CORAL WAY, SUITE 800  
MIAMI, FL 33145 US

SUBJECT: PACIFIC CABLE TELEVISION, INC.  
Ref. Number: G69538

We have received your document for PACIFIC CABLE TELEVISION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 121A00020317

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PACIFIC CABLE TELEVISION INC  
Name of Corporation

DOCUMENT NUMBER: G69538

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:

JAVIER MORLA  
Name of Contact Person  
PACIFIC CABLE TELEVISION INC  
Firm/Company  
1728 CORAL WAY SUITE 800  
Address  
MIAMI, FLORIDA 33145  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAVIER MORLA at ( 305 ) 524-2488  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: PACIFIC CABLE TELEVISION INC

2. The principal office address: 1728 CORAL WAY SUITE 800  
MIAMI, FLORIDA 33145

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/12/1983 Document number: G69538

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)

MURAI WALD BIONDO MORENO PA  
2121 PONCE DE LEON BLVD, SUITE 60  
CORAL GABLES, FLORIDA 33134

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

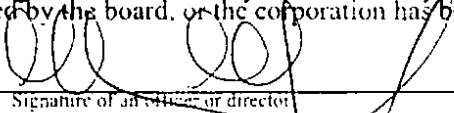
CRISTINA MORENO P.A.  
2600 DOUGLAS ROAD, SUITE 304  
CORAL GABLES, FLORIDA 33134

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

  
Signature of an officer or director

Maria del Carmen Morla  
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.*

  
Signature of Registered Agent

09/30/2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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