## M04000002637

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ACCOUNT NO. : 072100000032

REFERENCE : 520723

AUTHORIZATION : Patrois Perit

COST LIMIT : \$ 25.00

COSI LIMIT : \$ 25.00

ORDER DATE: August 3, 2005

ORDER TIME: 11:01 AM

ORDER NO. : 520723-005

CUSTOMER NO: 4352107

CUSTOMER: Ms. Donna B. Cooper

Groman Ross & Tisman Pc

Suite 410

One Old Country Road Carle Place, NY 11514

CHANGE OF AGENT

NAME: TVR COMMUNICATIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the	State of Florida.			
1. The name of the li	mited liability company is:	TVR Communica	ations LLC	
2. The mailing addre	ss of the limited liability cor	npany is : _55-0	2 Broadway,	Woodside, NY 11377
7/6/2004		Mo∢	1000002637	
3. Date of filing/regis	stration in Florida	ocument num	ber	
5. The name of the re Florida Departmen	gistered agent and the regist	ered office addre	ess as shown or	n the records of the
		Service Comp	any	
		Name		
		Hays Street Address		
		see, FL 32301	•	
		State and Zip		5
6. The name and addr	ress of the new registered ag	ent and/or office	:	05 A SECK ALLA
	HERBERT AMSTER			
		lame .		SSE SSE
**	·	r Creek; Drive		\$ 3 M
γ • ` '' ·	Florida street address	Florida street address (P.O. Box NOT acceptable)		PH 3: 3:
	Delray Beach	FL3	3446	36
	City, St	ate and Zip		<b>S</b> •
confirmed that after the and the business offic liability company, it is the members of the line operating agreement.	company is not organized use change or changes are made of the registered agent will shereby confirmed that the comitted liability company or as and of the limited hapility continued the limited hapility continued representative of a member	de, the Florida s l be identical. O change(s) was/w s otherwise prov mpany.	treet address of	f the registered office
Arthur Koch (Printed or typed name of signal	gnes)		•	
I hereby accept the a comply with the provided the control of the	ppointment as registered ago sions of all statutes relative is and accept the obligations if this document is being fi firm that the limited liability at	ent and agree to to the proper an of my position a led to interely ref company has be	act in this cap d complete per s registered at lect a change l een notified in	acity. I further agree to formance of my duties, tent as provided for in in the registered office writing of this change.
Div	vision of Corporations, P.O.	. Box 6327, Tal	lahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)