B06000000075

(Requestor's Name)				
(Address)				
(Addre	ess)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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DIVISION OF CORPORATIONS
OF NON -7 PH 2: 25

Office Use Only

US CorpWorks Inc.

AN AFFILIATE OF NATIONAL REGISTERED AGENTS, INC.

P: 303.393.8800

Toll-Free: 888.967.5799

F: 303.393.8900

VIA REGULAR MAIL

TO

Division of Corporations Florida Department of State P.O. Box 6327 FROM: Char McAdow

cmcadow@uscorpworks.com

P.O. Box 6327

Tallahassee, FL 32314

DATE

10/31/2006

RE

2020 Video Voice Data Limited Partnership

Hello,

We request your assistance in filing the enclosed change of agent documents as soon as possible. Please send evidence of the filing to me via regular mail at the address shown below.

Thanks much,

Char

DIVISION OF CORPORATIONS
OF NOV -7 PH 2: 25

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

2020 Vide	eo Voice Data Limi	ted Partnership		
Name of Limited Partnership or Limited Liability Limited Partnership				
_{2.} 2/13/2006	<u> </u>	3. B0600000075		
Date of filing	/registration in Florida	Florida document number		
4. The name of the re Department of State:	egistered agent and the registered o	ffice address as shown on the records of the Flor	rida	
	Chris Green			
	Name			
	231 Alesio Ave.			
Address				
	Coral Gables, FL	. 33134	0	
	City, State a	ınd Zip	5 X 1510	
5. The name and Florida street address of the new registered agent and/or office:			06 NOV -7 PM 2: 25	
	NRAI Services, Inc.			
	Name	*	2	
	2731 Executive Park Driv	ve, Suite 4	5:	
	Florida street address (P.O	. Box not acceptable)	, Çĭ	
	Weston	FL 33331		
	City, State a	nd Zip		
6. Such change(s) is/are effective when filed by the Florida Department of State.				
Signature of General I	Milla J			
	er of General Partners	The state of the s		
		agree to act in this capacity. I further agree to proper and complete performance of my duties,		
and I am familiar with NRAI Services, I	an accept the obligations of my pe	osition as registered agent.		
by:				
	d Agent Michael Mirrione Asst.	Secy.		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50