## 98000004415



ACCOUNT NO. 072100000032

REFERENCE 126509

**AUTHORIZATION** 

COST LIMIT

\$ 35.00

ORDER DATE: February 8, 1999

ORDER TIME : 10:20 AM

ORDER NO. : 126509-635 900002771849--4

CUSTOMER NO:

5123330

CUSTOMER: Ms. Heather Bellville

> Cox Enterprises, Inc 1400 Lake Hearn Drive

Atlanta, GA 30319

CHANGE OF AGENT

NAME:

COX COMMUNICATIONS NEW YORK

CITY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Brenda Philips

RAIRO
Chanse
Stalloy

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## Florida Department of State, Sandra B. Mortham, Secretary of State

\* \* \* FILING FEE: \$35.00 \* \* \*

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, 617.0502, 607.		, Florida Statutes, the
undersigned c	orporation organized under the laws of the State of	Ne	w York
submits the fol	llowing statement in order to change its registered o	office or registered	l agent, or both, in the
State of Florid	<i>'a</i> .		氫
1. The name o	f the corporation is:	• •	
COX COMM	UNICATIONS NEW YORK CITY, INC.		-
2. The mailing	address of the corporation is: 1400 LAKE HEARN I	DŘIVE	= <u></u>
ATLANTA,	GA 30319		<u> </u>
3. Date of inco	orporation/qualification: August 4, 1998 D	ocument number:	F98000004415
4. The name at	nd address of the current registered agent and office:	,	
	CT Corporation System		= The stop
	1200 South Pine Island Road		
	Plantation, FL 33324		
5. The name a	nd address of the new registered agent and office: (P.	O. Box Not Acce	ptable)
	Corporation Service Company		ptable) Toni
	1201 Hays Street		<del>-</del>
	Tallahassee, FL 32301		<u>-</u> = . ·
The street add agent, as chan	ress of its registered office and the street address ged, will be identical.	of the business of	fice of its registered
Such change vauthorized by	was authorized by resolution duly adopted by its b	oard of directors	or by an officer so
//		1/2	1/99
(Signatur	e of an officer, chairman or vice chairman of the board)		(Date)
ANDREW A. MERI	DEK, Secretary		
····	(Printed or typed name and title)		(Date)
corporation, 1 I further agree performance o registered age		it and agree to ac tive to the proper	bove stated t in this capacity, and complete
Corporation	Service Company Alab 4201	2/10/	98
(	(Signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		-
KAREN B. ROZA	AR	Assistant Vice	President
	(Typed or Printed Name)	(Capacity	<u>/)                                    </u>