

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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: HOLLAND & KNIGHT Account Name Account Number : 075350000340

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REGISTERED AGENT CHANGE

DURO COMMUNICATION CORPORATION

Certificate of Status	0
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5/22/2002

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

	e provisions of sections 607.0502, 617.0502, d corporation organized under the laws of the	•	Florida Statutes,
	lowing statement in order to change its regis	•	gent, or both, in
	f the corporation : Duro Communication Corp	poration	
2. The mailing	address of the corporation : 1211 Semoran B	lvđ. Suite 217	
Casselber	ry, Florida 32707		
3. Date of inco	orporation/qualification: 04/09/99	Document number: F99	9000001870
4. The name an	nd address of the current registered agent and o	office:	
	CT Corporation System		
	1200 South Pine Island Road		· C 1
	Plantation, Florida 33323	· - .	2007
5. The name an	nd address of the new registered agent (if chan (P. O. Box Not Accept	ged) and/or registered offic table)	e (if changed
	Intrastate Registered Agent Corporation		F COR
	200 S. Orange Avenue, Suite 2600	-	Y 22 PM 3: 04
	Orlando, Florida 32801		3: 04
The street addragent, as chang	ress of its registered office and the street addr ged, will be identical	ess of the business office	of its registered
Such change w authorized by t	as authorized by resolution duly adopted by the board.	its board of directors or by	an officer so
Steve	st fall		·
(១)ខ្មីពន្ធ(វេន	of an officer, chairman or vice chairman of the board)	(Daic)	
Steven Sapp Se	cretary (Printed or typed name and title)		
corporation, L	amed as registered agent and to accept servi hereby accept the appointment as registered to comply with the provisions of all statutes my duties, and I am familiar with and accep	agent and agree to act in t	this capacity.
——————————————————————————————————————	Signature of Registered Agent)	1960 15 200 2 Dates	
If signing on 1600	- "	<i>y</i>	
11/1/2	uis T.M. Conti	Vice President	
(1)	Typed or Printed Name)	(Capacity)	
\smile	* * * FILING FEE: \$35.	0D * * *	

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