## LD0000011870

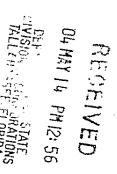
(Re	equestor's Name)	<del> </del>
•		
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



300029291203







ACCOUNT NO. : 072100000032 641230 7389086 REFERENCE : AUTHORIZATION / COST LIMIT : \$ 25.00 ORDER DATE: May 12, 2004 ORDER TIME : 10:55 AM ORDER NO. : 641230-070 CUSTOMER NO: 7389086 CUSTOMER: Patty Conroy Adelphia Communications Suite 800 5619 Dtc Parkway Greenwood Villa, CO 80111 CHANGE OF AGENT ADELPHIA CABLEVISION OF WEST NAME: PALM BEACH II, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_\_ PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Heather Chapman -- EXT# 2908

## 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.

1. The name of the limited liability company is: ADELPHIA CABLEVISION OF WEST PALM BEACH II, LLC
2. The mailing address of the limited liability company is: 5619 DTC Parkway, Suite 800
Greenwood Village, CO 80111
09/27/2000 L00000011870
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the Formula Department of State:
C T Corporation System D
Name
1200 South Pine Island Road
Address Plantation, FL 33324
Plantation, FL 33324
City, State and Zip
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)
Maureen Cullen, Attorney in Fact (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00