## LD000114746

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SECRETARY OF STATE
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D. BRUCE

OCT 07 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZENITH CABLE STRA (Name of	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Post Formations	
(Name of Person)	
My Corporation Business Services, Inc. (Firm/Company)	O8 OC SECRET TALLAH,
21215 Burbank Blvd. Suite 400	T-6 PH ARY OF SI SSEE, FLC
(Address)	
Woodland Hills, CA 91367	PH 2: 5
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matt	ter, please call:
Post Formation Filings	_at ( <u>818</u> ) <u>436-8225</u>
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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. Name of the limited liability company: ZENIT	H CABLE STRATEGIES, LLC	<del></del>
2. (a) Principal office address of limited liability constant (Note: MUST BE STREET ADDRESS)	ompany: 51 SW Flagler Avenue, #207 Stuart, Florida 34994	
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	: 51 SW Flagler Avenue, #207 Stuart, Florida 34994	_
11/30/2006	L06000114746	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:	2
Registered Agent:	Halgas, Robert C	<u> </u>
Registered Office Address:	51 SW Flagler Avenue, #207 Stuart, Florida 34994	
(b) Enter name of <u>NEW Registered Agent</u> and/	<u> </u>	
NEW Registered Agent:	NRAI Services, Inc.	<del></del>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	2731 Executive Park Drive, Suite 4	
	Weston ,FL 33331.	
If the limited liability company is not organized und that after the change or changes are made, the Floric office of the registered agent will be identical. Or, i hereby confirmed that the change(s) was/were autholiability company or as otherwise provided in the art limited liability company.  (Signature of a member of authorized representative of a member)	la street address of the registered office and the bunthe case of a Florida limited liability company, orized by an affirmative vote of the members of the	usiness it is ie limited
Dahari C. Halana Managar		
Robert C. Halgas, Manager (Printed or typed name of signec)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to am familiar with and accept the obligations of my perf.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been a liability	t and agree to act in this capacity. I further agre the proper and complete performance of my duti- osition as registered agent as provided for in Cha flect a change in the registered office address, I h notified in writing of this change.	e to es, and I apter 608, ereby
(Signature of Registered Agent) NRAI Services, Inc., by Mechan Reco	: ord. Asst. Sec.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00