## MU1000000421

(Requestor's Name)	<del>-</del> ·
(Address)	<b>-</b>
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	PPL
Certified Copies Certificates of Status	<b>-</b> :-
Special Instructions to Filing Officer:	]

Office Use Only



700032587497

O4 MAY I 4 PH 1:52

SECULTARY OF STATE
TALLAHASSEE EIGHE

OHMAY IN PHIZ: 55



ACCOUNT NO. :

072100000032

REFERENCE

7389086 641230

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 12, 2004

ORDER TIME : 10:51 AM

ORDER NO. : 641230-050

CUSTOMER NO: 7389086

CUSTOMER: Patty Conroy

Adelphia Communications

Suite 800

5619 Dtc Parkway Greenwood Villa, CO 80111

CHANGE OF AGENT

NAME: ACC HOLDINGS II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

## 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 limite	d liability company is:	: ACC HOLDI	NGS II, LLC			
2. The mailing address of	f the limited liability c	ompany is: _		PSE	1	
5619 DTC Parkway,	Suite 800, Greenw	ood Village	, CO 80111	- 三		
04/25/2001			M01000000921	255.0 7.7.0	3 6	
3. Date of filing/registration	ion in Florida	•	4. Document numb	per Tur		
5. The name of the register Florida Department of	ered agent and the regi			932	Tthe	
	CT Corr	poration Sys	stem			
		Name				
	1200 South	n Pine Islar	ıd Road		* * * * * * * * * * * * * * * * * * *	
		Address				
Plantation, FL 33324						
	City,	, State and Zip	,			
6. The name and address of	of the new registered a	ngent and/or of	ffice:			
	Corporatio	n Service C	ompany		• • • • •	
		Name				
	1201	Hays Street	· · · · · · · · · · · · · · · · · · ·	•	£ 1.5	
	Florida street addres	ss (P.O. Box N	IOT acceptable)			
	en 11.3	Y	20241			
	Tallahassee	FL State and 7im	32301		. : :	
	City, a	State and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	nange or changes are methe registered agent we be confirmed that the diability company or f the limited liability company or f	nade, the Flori fill be identica e change(s) wa as otherwise p company.	da street address of l. Or, in the case of as/were authorized b	the registered a Florida lim by an affirmat	l office ited ive vote of	
(					-	
Maureen Cullen, Attor (Printed or typed name of signce)	mey in Fact	<del>- · · · · · · · · · · · · · · · · · · ·</del>			٠.	
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relatived accept the obligation his document is being that the limited liabili	igent and agre e to the prope is of my positi filed to merely ty company ho	e to act in this capa r and complete perf on as registered ago reflect a change in as been notified in w	city. I further ormance of ment as provide the registere riting of this	r agree to sy duties, od for in od office change.	
Signature of Registered Agent) S	ylvia Queppet, As:	st. Vice Pre	esident			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00