

| ς Γ Γ | LLC REGISTERED AC RADIUS HDD DII | |
|-------------|-------------------------------------|---------|
| 8 | Certificate of Status | 0 |
| 1 | Certified Copy | 0 |
| | Page Count | 02 |
| | Estimated Charge | \$25.00 |



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Purstant to the provisions of sections 605.0114 or 605.0116, 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.

| | of the limited liability company: | Radius HDD Direct I | | LEMMUEL DRIVE, BUI | LDING 9 | _ | |
|------------------|---|----------------------------|--|--|------------------------------|---------------------------|------|
| a) <u>19:</u> | 39 West Fir Avenue Principal office address of limited lia (Note: MUST BE STREET A) | bility company: | (b) <u>115</u> | Mailing address of limi (Note: MAY BE PC | ited liability o | осприяту: <i>ВОХ</i> О | |
| P | спу. ОК 73077 | | WEA | THERFORD, TX 76085- | | | |
| | 5/26/2020 | | M120 | 00006880 | | | |
| | Date of filing/registration in T CORPORATION SYSTEM | Florida | 4. | Document numbe | r | | |
| | gistered Agent and Registered Office show 1200 South Pine Island Road egistered Office Address (MUST BE F | | | of State: | 171 E | ,r 1202 | • |
| P | lanution | , FL_33 | 1324 | | ארריזיטזטיניי | JAN - 8 | 1 12 |
| b) | United Agent Group Inc. | | | | | AH | • |
| Er | ter name of <u>NEW Registered Agen1</u> and/ 801 US Highway 1 | or <u>NEW Registered O</u> | <u>une 1001617</u> . | | · · · · | 8: 4; | .4 |
| ן גע י | IEW Registered Office Address: | | | | | | |
| | Yorth Palm Besch | , FL | 3408 | <u> </u> | | | |
| nge or ni wil | ited liability company is not organi r changes are made, the Florida stre l be identical. Or, in the case of a l suthorized by an affirmative vote es of organization or the operating in the operating in the ope | Florida limited liabi | ility company the limited linited linited linited liability | y, it is hereby confirmed ability company or as o | d that the cl therwise pr | ange(s) | |
| L | | | | | | | |

in writing of this change. Marie Heitzman, Special Secretary

Signature of Registered Agent

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

INHS18 (2/14)