

THE UNITED STATES CORPORATION COMPANY	ACCOUNT NO. :	072100000032		14
	REFERENCE :		123330_	
	AUTHORIZATION : COST LIMIT :	Patricia Py	gut -	·
ORDER DATE :	February 8, 1999	• -	= :	
ORDER TIME :	1:27 PM			
ORDER NO. :	126509-350		0000277	709227
CUSTOMER NO:	5123330			
Cc 14	cox Communication		TALLAHASSEE, FLORIDA	99 FEB - 9 PM 5: 15
CERT:	N THE FOLLOWING AS PRIFIED COPY N STAMPED COPY ON: Brenda Phillips	ROOF OF FILING	Name Availability Document Examiner Updata Updatar Verliger	1004

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provision	as of sections 608.416 or 608.508,	Florida Statutes, the	undersigned limited
liability company organiz	ed under the laws of the State of tement in order to change its registe	ered office or register	red agent, or both, in
the State of Florida.	(PLEASE PRINT		(로)
la. The name of the limit	ed liability company is:		=
COX COMMUNICATIONS PENSACOLA, L.L.C.			
1b. The mailing address	of the limited liability company is:		<u> </u>
	, ATLANTA, GEORGIA 30319		<u> </u>
lc. Date of filing/registr	ation in Florida: 9/11/98 D	ocument number: M9	8000001004
	of the current registered agent and		
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		SE TAL TAL
	PLANTATION, FLORIDA 33324		
3. The name and address	s of the new registered agent and of	ffice: (P.O. Box NOT	Acceptable)
	Corporation Service Company		ED PM'5: 1 OF STAT E, FLOR
	1201 Hays Street		ATE ATE
	Tallahassee, FL 32301		
the registered agent will be	es are made, the street address of the be identical. ized by affirmative vote of a major in the articles of organization or the re	rity of the members	of the limited liability
An		Lowery	20,1999
	authorized representative of a member)	. — . — /	(Date)
Andrew A. Men (Printed or typed na	dek Secretary me and title)	,	- ***
	registered agent and to accept serve reby accept the appointment as re ee to comply with the provisions of my duties, and I am familiar with	of all statutes relati and accept the obli	ive to the proper and gations of my position
Deliorah D.		<u> </u>	7_99 (Date)
(Signature of Regis	tered Agent)		(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00