## ND1000004552

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Public RADIO INFORMATION SERVICES CE Name of Corporation		
DOCUMENT NUMBER: NO 10000 4552		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person  P. R. I. S. C. F.  Firm/Company  P. O. Box 100168  Address  PALM BAY FL 32910  City/State and Zip Code  PRISCF @ MAIL. com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tolkny Tackson at (321), 768-1079  Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Public RADIO INFORMATION SERVICES OFFICIAL INC
2. The principal office address: 1501 Robert J. Conian Blud Palm Bay FL 32905
3. The mailing address (if different): P.O. BOX 100168 PAIM BAY FL 32910
4. Date of incorporation/qualification: 06/28/2001 Document number: NO 1 00000 4552
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
In Julian
Melbourne, FL 32901
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Johnny Jackson
P.O. Box NOT acceptable #7
PAIM BAY FL 32905
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of all Officer for director Johnson JACKSON Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Tohnny JACKSON Typod or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)