

NO 5000007879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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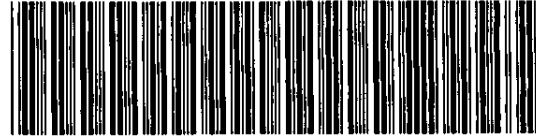
(Business Entity Name)

(Document Number)

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ATLANTA, FLORIDA

12/13/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Radius Group Inc.
Name of Corporation

DOCUMENT NUMBER: 20-3259902/105000007879

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:

Nate Wood
Name of Contact Person

The Radius Group Inc
Firm/Company

PO Box 92288
Address

Nashville, TN 37209
City/State and Zip Code

director@theradiusgroup.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nate Wood at (270) 705-7201
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: The Radius Group Inc.
2. The principal office address: Tim Miller, 204 Emerald Dr. North,
Indian Harbour Beach, FL 32937
3. The mailing address (if different): The Radius Group, PO Box 92288,
Nashville, TN 37209
4. Date of incorporation/qualification: August 2, 2005 Document number: NO 5000697879
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)
Tim Miller
204 Emerald Dr. North
Indian Harbour Beach, FL 32937

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pam Hermansdorfer
1861 River Shore Dr.
P.O. Box NOT acceptable
Indian Shores, FL 32903

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 an officer or director

Nate Wood, Executive Director
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.

Pamela A. Henry
Signature of Registered Agent

11/30/2016
Date

If signing on behalf of an entity:

Pam Hermansdorfer
Typed or Printed Name

***** FILING FEE: \$35.00 *****