## P01000031425

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:

TO:	Amendment Section Division of Corporations	ě	•
SUBJE Name c	CCT: RAD-INFO INC	A- 81	
i vaine (	7 6 6 7 7 2 1 6 1 7 1		
DOCU	MENT NUMBER: P01000031425		
The end	closed Statement of Change of Registered	I Office/Agent and fee	are submitted for filing.
Please	return all correspondence concerning this	matter to the following	ng:
PETER	RADIZESKI		
Name (	of Contact Person		
RAD-IN	NFO INC		
Firm/C	ompany .	<del></del>	
2006 W	' SITKA ST		
Addres	s		
TAMP/	A FL 33604-2744		
City/St	ate and Zip Code	· · · · · ·	
	peter@rad-info.net		
E-mail	address: (to be used for future annua	report notification)	
For fur	ther information concerning this matter, p	olease cali:	
PETER	RADIZESKI	at ( 813	)9635884 de & Daytime Telephone Number
	Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclose	ed is a \$35,00 check made payable to the	Department of State.	
	Mailing Address: S Amendment Section A		
Division of Corporations Division of Corporation			
		The Centre of Tallahassee	
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

## $^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA				
	er to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of	the corporation: RAD-INFO INC				
2. The principal	office address: 2006 W. SITKA ST., TAMPA, FL 33604				
3. The mailing a	address (if different): SAME				
	poration/qualification: 3/28/2001 Document number: P01000031425				
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)				
	PETER RADIZESKI				
	12718 WOOD TRAIL BLVD				
	TAMPA FL 33625				
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	PETER RADIZESKI				
	2006 W SITKA ST				
	P.O. Box. NOT acceptable				
	TAMPA FL 33604-2744				
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.				
Such change wa authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so board of the corporation has been notified in writing of the change.				
AS	PETER RADIZESKI				
	re of an officer or digotor Printed or typed name and title				
I hereby accept I further agree of my duties, ar document is bet corporation he	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this inglified merely to reflect a change in the registered office address, I hereby confirm that the above in writing of this change.				
	PETER RADIZESKI				
Sig	mature of Registered Agent Date				
If signing on be	chalf of an entity:				
<u> </u>	)-INO INC bosily Retr Redizorbi				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (04/13)