P04000139907

| (Re | questor's Name) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| Pa dor Entorprisos Inc | | |
|---|--|--|
| SUBJECT: Ra-dor Enterprises, Inc (Name of Corp.) | poration) | |
| DOCUMENT NUMBER: P04000139907 | | |
| The enclosed Statement of Change of Registered Office/A | gent and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to | the following: | |
| Doris Cabrera | | |
| (Name of Conta | ct Person) | |
| | | |
| Ra-dor Enterprises, Inc | | |
| (Firm/Comp | pany) | |
| 3107 Edgewater Dr Ste 5 (Addres | s) | |
| Orlando, Fl 32804 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call | : | |
| Doris Cabrera | . 407 422 0000 | |
| (Name of Contact Person) | at (407) 423-0880 (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 | |

TO:

Amendment Section Division of Corporations

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| 1. The name of t | he corporation: Ra-dor Enterprises Inc |
| | office address: 3107 Edgewater Dr Ste 5 Orlando, FL 32804 |
| 3. The mailing a | ddress (if different): same |
| 4. Date of incorp | poration/qualification: 10/08/2004 Document number: P04000139907 |
| | street address of the current registered agent and registered office on file with the tment of State: |
| | Doris Cabrera 28 8 |
| | 13477 Fordwell Dr |
| | Orlando, FL 32828 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office |
| | Doris Cabrera |
| | 827 Timber Isle Dr |
| | (P.O. Box NOT acceptable) Orlando, Fl 32804 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. |
| Nous (Signan | Johns Calorera - Sive Hor (Printed or typed name and title) |
| I hereby accept I further agree of my duties, an document is bei corporation has | 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change. |
| Dei | Cahrie 11/16/07 gnature of Registered Agent) (Date) |
| | chalf of an entity: |
| Doris Cabre | Proped or Printed Name) |

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