## PO 5000103162

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Ad                       | dress)            |           |
| (Ad                       | dress)            |           |
| (Cit                      | y/State/Zip/Phone | e #)      |
| PICK-UP                   | WAIT              | MAIL      |
| (Bu:                      | siness Entity Nan | ne)       |
| (==                       |                   |           |
| (Document Number)         |                   |           |
| Certified Copies          | _ Certificates    | of Status |
| Special Instructions to I | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   | ŀ         |
|                           |                   |           |
| <u> </u>                  |                   |           |

Office Use Only



600079267066

09/07/06--01010--024 \*\*35.00

FILED

06 SEP -7 PM 8: 50

SECRETARY OF STATE

ALLIAHASSEE, FLORIDA

and come

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Radtech Corp. (Name of Corporation)  |  |  |
| DOCUMENT NUMBER: P05000/03/62   |  |  |
| 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:   |  |  |
| Robert A. Dolce (Name of Contact Person)  |  |  |
| (   |  |  |
| Radtech Cors  |  |  |
| (Firm/Company)  |  |  |
| 8730 Sandy Plains Drive   |  |  |
| Riverview, FL 33569<br>(City/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:  at (813) 579-0288  (Name of Contact Person) at (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 $\frac{1}{\sqrt{2}}$  |
| in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: Kadtech Corp  |
| 2. The principal office address: 8730 Sandy Plans Drwc  |
| RIVENIEW, FL 33569  |
| 3. The mailing address (if different):  |
|   |
| 4. Date of incorporation/qualification: 8/05 Document number: POSOOD/03/67  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Dolce Robert A  |
| 115 112th AUE NE #813   |
| St. Petersburg, FL 33716  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Nolce, Robert A   |
| (P.O. Box NOT acceptable)   |
| RIVERULEW , FL 33569  |
| 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) President Robert Dy Le President  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm that the<br>corporation has been notified if writing of this change. |
| (Signature of Registered Agent) Robert Dalce, 109/05/06   |
| If signing on behalf of an entity:  Robert Dolce, President  (Typed or Printed Name)  |

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