P06000068543

· (Re	equestor's Name)	
(Ad	ldress)	· · · · ·
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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10/06/08--01043--008 **35.00

2008 OCT -6 PHI2: 02
SECRETARY OF STATE.

R.A. Change

TB 10/13/10

An Intuit Company

21215 Burbank Blvd, Ste. 400 Woodland Hills, CA 91367 Toll-Free: 888-692-6771 | Direct. 818-436-8725 | FAX: 818-879-8005 E-mail: info@mycorporation.com

September 22, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CHANGE OF REGISTERED AGENT: REGIONAL CABLE HOLDINGS, INC.

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 21215 Burbank Blvd. Suite 400 Woodland Hills, California 91367

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO POST FORMATIONS AT 888-692-6771.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: REGIONAL CABLE HOLDINGS, INC. (Name of Corporat	ion)
(crame or corporat	,
DOCUMENT NUMBER: P06000068543	
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Post-Formation Filings	
(Name of Contact Pe	erson)
MyCorporation (Firm/Company	\
(t init company	7.
21215 Burbank Blvd. Suite 400	
(Address)	
Woodland Hills, CA 91367	
(City/State and Zip C	Code)
For further information concerning this matter, please call:	
Post-Formation Filings at (818 \ 436-8225
(Name of Contact Person)	818 436-8225 Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department o	f State.
Moiling Address	Street Address
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO:

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 ange 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 t	the corporation: REGIONAL CABLE HOLDINGS, INC.	
2. The principal	office address: 51 SW Flagler Avenue, #207, Stuart, FL 34994	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/15/2006 Document number: P06000068543	
	d street address of the current registered agent and registered office on file with the rtment of State:	
•	Halgas, Robert C	
	51 SW Flagler Avenue, #207	
	Stuart, FL 34994	1
6. The name and (if changed):	Stuart, FL 34994 d street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc.	٢
	NRAI Services, Inc.	-
	2731 Executive Park Drive., Suite 4 (P.O. Box NOT acceptable)	
	Weston, Florida 33331	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signatu	Robert C Halgas, President (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 ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
MAN	gnature of Registered Agent) Quantity of Registered Agent) Quantity of Registered Agent)	
If signing on be	ehalf of an entity:	
Meghan F	Record, Asst. Sec.	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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