P06000070269

| • |
|---|
| (Requestor's Name) |
| |
| (Address) |
| (Address) |
| (Variess) |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| · |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| , |
| |
| |
| |

Office Use Only



000121415780

03/28/08--01011--017 **35.00





COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Triple Play Communications Corporation |
| DOCUMENT NUMBER: <u>P0600070269</u> |
| 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: |
| Keith Riffee (Name of Contact Person) |
| Triple Play Communications (Firm/Company) |
| 250 East Drive, Suite F |
| Melbourne, FL 32904 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Keith Riffee at (321) 243-2671 (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 Street Address: Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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: Triple Play Communications Corporation 2. The principal office address: 250 East Drive, Suite F |
| Melbourne, FL 32904 |
| 3. The mailing address (if different): (Same as above) |
| 4. Date of incorporation/qualification: May 18, 2006 Document number: P0600070269 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Keith Riffee |
| 3641 Whisperwood Circle |
| Melbourne, FL 32901 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Keith Riffee |
| 250 East Drive, Suite F (P.O. Box NOT acceptable) Melbourne, FL 32904 93 |
| 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 profiler or director) Keith Riffee President (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. |
| Signature of Begistered Agent) 3 - 24 - 08 (Date) |
| If signing on behalf of an entity: |
| Keth Riffee (Typed or Printed Name) |

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