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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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Tray #2940

REGISTERED AGENT CHANGE

RADIUS SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/RUP/chs
@ 2/23/09

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TALLAHASSEE, FLORIDA

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**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: Radius Solutions, Inc.
2. The principal office address: 9550 Regency Square Blvd., Suite 500, Jacksonville, Florida 32225
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: April 26, 2007 Document number: P07000050956
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Susan Slagle

1201 San Amaro Road

Jacksonville, Florida 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, Florida 32301

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, of the corporation has been notified in writing of the change.

(Signature of an officer or director)

James J. Eckleston, President, Treasurer and Secretary
(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 Registered Agent)

2/20/2009
(Date)

If signing on behalf of an entity:

Troy Todd
as its agent

(Typed or Printed Name)

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

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

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