## P07000074121

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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MyCorporation An Intuit Company

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21215 Burbank Blvd. Ste. 400 Woodland Hills, CA 91367

Toll-Free: 888-692-6771 | Direct 818-436-8225 | 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: RADIX 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: RADIX CABLE HOLDINGS, INC.  (Name of Corporation)	on)
DOCUMENT NUMBER: P07000074121	·
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fi	ollowing:
Post-Formation Filings (Name of Contact Per	rson)
MyCorporation (Firm/Company)	
21215 Burbank Blvd. Suite 400 (Address)	·
Woodland Hills, CA 91367 (City/State and Zip C	ode)
For further information concerning this matter, please call:	
Post-Formation Filings at (Name of Contact Person)	818 436-8225 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of <u>f</u> er to change its registered office or registered agent, or both, in the State of Fla	lorida	is	-
1. The name of	the corporation: RADIX 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 incor	poration/qualification: 06/26/2007 Document number: P07000	074121		
5. The name and	d street address of the current registered agent and registered office on file with rtment of State:			
	Halgas, Robert C			
	51 SW Flagler Avenue, #207			
	Stuart, FL 34994	SE	2008	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY	2008 OCT -6	
	NRAI Services, Inc.	, OF 5	PM	m
	2731 Executive Park Drive., Suite 4		PM 12: 00	U
	(P.O. Box NOT acceptable) Weston, Florida 33331	DE A	ō	
The street addr	ess of its registered office and the street address of the business office of its le identical.	register	ed agen	ıt,
	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.			
(Signat	Robert C Halgas, Presiden (Printed or typed name and to	t tle)	<del></del>	-
I hereby accept I further agree of my duties, an document is be	t 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 com nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereb s been notified in writing of this change.	plete per l agent. y confirn	forman Or, if th 1 that th	ice his he
- 11////	ignature of Registered Agent) (Date)	<del> </del>		-
U	ehalf of an entity:			
	Record, Asst. Sec.			
(	Typed or Printed Name)			

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