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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: PO9000040930

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:

Patrice Thomas

Name of Contact Person

Radphysics Consultants Inc.

Firm/Company

1010 NE 42 Terrace

Address

Homestead, FL 33033

City/State and Zip Code

pt@radphysicsconsultantsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Thomas

_.786 \410-5665

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
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, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State	of Florid	a .	_
1. The name of t	he corporation: Radphysics Cor	nsultants Inc.			
2. The principal	office address: 1010 NE 42 Terr	race, Homestead, FL 330	33		
3. The mailing a	ddress (if different): 815 N. Home	estead Blvd. #513, Homes	stead,	FL 3	3030
4. Date of incorp	poration/qualification: 05/07/2009	Document number: P09	00004	10930	
5. The name and	street address of the current registere tment of State: (If resigned, enter resigned,	d agent and registered office on file	with th	e	
	Thomas, Patrice M				
	2607 SE 20th Court				
	Homestead, FL 33035 US	3			
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered	office SEC	2012	
	Thomas, Patrice M		AHA	2012 JUN	
	1010 NE 42 Terrace		ARY	5	
	Homestead, FL 33033	NOT acceptable	OF STA	ů G	O
The street addre	ess of its registered office and the street be identical.	eet address of the business office o	f Fog	ist ere d a	igent,
	s authorized by resolution duly adop the board, or the corporation has been				
Vat. Signatur	re of an officer or director	Patrice Thomas, Pres			
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and a d accept the obligation of my posit eflect a change in the registered o d in writing of this change.	complete tion as r ffice add	e egistere dress, I	d
Yati-	nature of Registered Agent	June 13, 2012			
	half of an entity:	Date			
T	yped or Printed Name				

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