## P13000007307

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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BIVISION OF PURPORATIONS

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CUDI	Radiant Source Inc.
SUBJ	Name of Corporation
	P13000007307
DOC	JMENT NUMBER:
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Arlene Torok
	Name of Contact Person
	Radiant Source Inc.
	Firm/Company
	120 Boabadilla Street
	Address
	Miami, FL 33134
	City/State and Zip Code
	info@radiantsourceacu.com
	E-mail address: (to be used for future annual report notification)
	rther information concerning this matter, please call:
Arlen	e Torok 305 305-2918 at ( )
	Name of Contact Person at (
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida	this	
in orde	r to change its registered office or regi	stered agent, or both, in the State of Florida.		
1. The name of	the corporation:	<b>3</b> .		
2. The principal	office address: 120 Boabadilla Stre	eet, Miami, FL 33134		
<u> </u>				
3. The mailing a	address (if different):			
4. Date of incor	Date of incorporation/qualification:			
	d street address of the current registered rtment of State: (If resigned, enter resigned,	d agent and registered office on file with the med)		
	UNITED STATES CORPORAT	ION AGENTS, INC.		
	13302 WINDING OAKS COUF	RT SUITE A		
	TAMPA, FL 33612		<u>→</u>	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	Visius of 15 FEB - 0	141 240 E
	Arlene Torok		9 PH 9 PH	
	120 Boabadilla Street		74 - 32 - 32 - 32 - 32 - 32 - 32 - 32 - 3	) () () ()
		OT acceptable	ဟ ယ	
	Miami, FL 33134		·	
The street address changed will	ess of its registered office and the stree	et address of the business office of its registe	red agent,	
		ed by its board of directors or by an officer s notified in writing of the change.		
0	F <b>1</b> 0	Christian Torok, President		
I hereby accept	the appointment as registered agent of the appointment as registered agent of to comply with the provisions of all storms of all storms duties, and I am familiar with and its document is being filed merely to rethat the corporation has been notified	Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and complete I accept the obligation of my position as regi- effect a change in the registered office addres I in writing of this change.	stered ss, I	
	100	2/5/2015		
	nature of Registered Agent	Date		
It signing on be	chalf of an entity:			
Т	yped or Printed Name			
	* * * FILING F	TEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)