(((H11000090392 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380.

From:

. C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

the email address for this business entity to be used for future simular report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE EUPEN CABLE USA, INC.

Certificate of Status	U
Certified Copy	U
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

SUBJECT:	Eupen Cable USA, Inc.
302017017	Name of Corporation
OCUMENT N	UMBER:P97000003834
The enclosed State	ement of Change of Rogistered Office/Agent and fee are submitted for filling.
Please return all c	orrespondence concerning this matter to the following:
	: `
	Karaline Ginduick
	Name of Contact Person
	Eupen Cable USA, Inc.
	Firm/Company
	5181 110th Ave N Unit D
	Address
	Clearwater, FL 33760-4817
	City/State and Zip Code
	kgladnick@eupan.us
• -	E-mail address: (to be used for future annual report notification)
	:
or further informa	tion concerning this matter, please call:
	Karoline Gladnick 727 527-7955 x508
	21 / 12) 327-7333 A305

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

CR2B045 (R/05)

1

Amendment Section

TO:

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

statement of ch	: provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida 5 ange is submitted for a corporation organized under the laws of the State of $\frac{\mathbf{r}}{2}$ er to change its registered office or registered agent, or both, in the State of Fi	lorida
	the corporation: Eupen, Cable USA, Inc	
2. The principal	office address: 5181 110th Ave N Unit D Clearwater, FL 33760-4817	
3. The mailing	address (if different):	
4. Date of incom	poration/qualification: January 14, 1997 Document number:	P97000003834
5. The name and	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	
•	resigned	
		SECULAR.
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office	e ES
	C T Corporation System	manufacture of the control of the co
	c/o C T Corporation System, 1200 South Pine Island Road	(2012年 - 1012年 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 101
	P.O. Bax NOT seceptable	
	Plantation, Florida 33324	
	es of its registered office and the street address of the business office of its be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an o e board, or the corporation has been notified in writing of the change.	fficer so
Signature	Charles Roper	PRES
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and comp I I am familiar with and accept the obligation of my position as registered i g filed merely to reflect a change in the registered office address, I hereby been notified in yriting of this change.	lete performance agent. Or, if this confirm that the
By: Yang 3	arporation System 4-6-2011	
If signing on beh Mac	alf of an entity: Ionna Cuddihy Assistant Secretary	,

* * * FILING FEE; \$35.00 * * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.Q. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)