

1.	(Corporation Name)	(Document #)	
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4	(Corporation Name)	(Document #)	TO P I
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☐ Mail out	Will wait	Photocopy Certificate of Status	Dri

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS:
Amendment
Resignation of R.A., Officer/ Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

ZAOM STA

Examiner's Initials

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, the
undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: Underground Cable Services,
2. The mailing address of the corporation is: 13860 Dellington.
11000, # 314, Wellington, FL 33414
3. Date of incorporation/qualification: 12/30/98 Document number: 198000/07963
4. The name and address of the current registered agent and office:
Spiege 15 Utrera, P.A. 343 Almeira Avenue Coral Gables, FL 33/34
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Carole Williams
242 Button Bush Lane
Wellington, FL 33414
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.
Carole Williams 3/1/99.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Carole Williams, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Casole alliano 3/1/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(7/97)

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