

M 1000000000525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

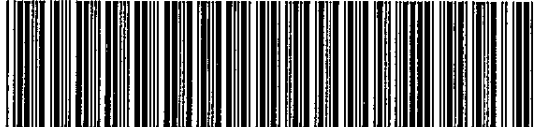
(Business Entity Name)

(Document Number)

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01/06/03--01003--006 **52.86

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -3 PM 1:26

2/1/06

RECEIVED
03 JAN -3 PM 4:49
STATE
CORPORATIONS
TALLAHASSEE
FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: PAM
DATE: 1-3-02
REF. #: 0438.11792
CORP. NAME: Pizzuti Management LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

OTHER: Change of Registered Agent

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DIVISION OF CORPORATIONS
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STATE FEES PREPAID WITH CHECK# 215848 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

January 6, 2003

CORPDIRECT AGENTS, INC.

SUBJECT: PIZZUTI MANAGEMENT LLC
Ref. Number: M0000000525

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.
1-3-03

We have received your document for PIZZUTI MANAGEMENT LLC and your check(s) totaling \$52.86. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 403A00000537

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PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.
1-3-03

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is:

Pizzuti Management LLC

2. The mailing address of the limited liability company is :

Two Miranova Place, Suite 800, Columbus, Ohio 43215

March 20, 2000

M00000000525

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ken Simback c/o The Pizzuti Companies

Name

25 5 South Orange Avenue, Suite 1350

Address

Orlando, Florida 32801

City, State and Zip

6. The name and address of the new registered agent and/or office:

National Corporate Research, Ltd., Inc.

Name

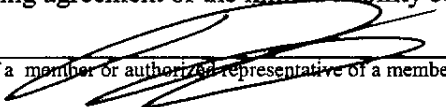
103 N. Meridian Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

(Printed or typed name of signee) Richard C. Daley

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent) Cynthia A. Hicks, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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