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Office Use Only

B. KOHR

JUL - 8, 2011

EXAMINER



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11 JUL -7 PM 4: 12

OVER OF CORPORATION
OVER OF CORPORATION



ACCOUNT NO. : I2000000195

REFERENCE : 837542 7782827

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: July 7, 2011

ORDER TIME : 1:39 PM

ORDER NO. : 837542-016

CUSTOMER NO: 7782827

CHANGE OF AGENT

WCP/FERN EXPOSITION SERVICES NAME:

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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. Name of the limited liability company: WCP/FERN E	XPOSITION SERVICES LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	645 Linn Street Cincinnati, OH 45203 645 Linn Street Cincinnati, OH 45203
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Cincinnati, OH 45203
09/06/2005	M05000004958
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	·
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
in our bir Bordin of Ribit Model Sof	Tallahassee ,FL 32301
f the limited liability company is not organized under the la hat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by iability company or as otherwise provided in the articles of imited liability company. Muun Cily	address of the registered office and the business se of a Florida limited liability company, it is
Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag omply with the provisions of all statules relative to the pro- im familiar with and accept the obligations of my position of S. Or, if this document is being filed to merely reflect a ci onfirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I are registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: Dreathing	
Signature of Registered Agent) Corporation Service Company	race E. Kirby, Assistant VP
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00