

ACCOUNT NO.

072100000032

REFERENCE

842160

7212030

AUTHORIZATION

COST LIMIT

ORDER DATE: September 25, 2000

ORDER TIME: 11:44 AM

ORDER NO. : 842160-110

100003407921--9

CUSTOMER NO: 7212030

CUSTOMER: Deborah A. Zelei, Legal Asst

Cedarwood Development, Inc.

1765 Merriman Road

Akron, OH 44313

CHANGE_OF AGENT

NAME:

CEDARWOOD ARCHITECTURAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

00 SEP 28 PM 12: 1 DIVISION OF CORPORATI

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617 and corporation organized under the laws of the State of Ohio	7.1508, Florida Statutes,
	llowing statement in order to change its registered office or regi	stered agent, or both, in
the State of Flo		
	of the corporation is: CEDARWOOD ARCHITECTURAL, INC.	
2. The mailing	g address of the corporation is:1765 Merriman Rd., Akron, OH	44313
3. Date of inco	orporation/qualification: September 7, 1994 Document num	nber: <u>F94000004628</u>
4. The name a	and address of the current registered agent and office:	
	C T Corporation System	
	1200 S. Pine Island Road	28 LE
	Plantation, FL 33324	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
	Corporation Service Company	5 6
	1201 Hays Street	<u></u>
	Tallahassee, Florida 32301	
The street addi	lress of its registered office and the street address of the busines ged, will be identical.	s office of its registered
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directo	ors or by an officer so
AN		9-20-00
Signatur	are of an officer, chairman or vice chairman of the board)	(Date)
Alan W. S	ponseller, Authorized Representative	
corporation, I l I further agree	(Printed or typed name and title) amed as registered agent and to accept service of process for the a hereby accept the appointment as registered agent and agree to a to comply with the provisions of all statutes relative to the proper of my duties, and I am familiar with and accept the obligation of my nt.	ct in this capacity. and complete
ву: (ре	(Signature of Registered Agent) September 27 (Date)	, 2000
If signing on behalf	If of an entity:	
• •	Dolor, Asst. Vice President	
	(Typed or Printed Name) (Capa	acity)
* * * FILING FEE: \$35.00 * * *		

P. O. Box 6327

TALLAHASSEE, FL 32314

CR2EO45(7/97)

DIVISION OF CORPORATIONS