## P14000009108

(Re	equestor's Name)			
(Ac	Idress)			
<b>(</b>				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)			
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

3/16/15

NAME:

AGLACQUISITION, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org	anized under the laws of the State	of Flor	this ida	
in orde	r to change its registered office or regi	istered agent, or both, in the State o	of Florida.		
1. The name of t	he corporation:	AGI ACQUISITION, IN	<u>1C.</u>		
	office address:	Middleburg Heights	ОН	44130	
3. The mailing a	ddress (if different):				
· · · · · · · · · · · · · · · · · · ·	740 N. Main St.	Bulls Gap	TN_	37711	
4. Date of incorporation/qualification: January 30, 2014 Document number:		P14000009108			
	street address of the current registered timent of State: (If resigned, enter resigned		with the		
	Corporation Se	rvice Company			
1201 Hays Street					
Tallahassee, FL 32301-2525					
6. The name and (if changed):	street address of the new registered at		office		
155 Office Plaza Drive					
P.O. Box NOT acceptable					
	Tallahassee, FL 3230	<u> </u>			
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 th	es authorized by resolution duly adopt the board, or the corporation has been to	1/1		0	
	re of his officer or director	Gary Koka a Printed or typed name and		ecretary	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent of comply with the provisions of all stand duties, and I am familiar with ancies document is being filed merely to rethat the corporation has been notified	and agree to act in this capacity, atutes relative to the proper and of accept the obligation of my posite effect a change in the registered of t in writing of this change.	complete tion as regi ffice addres	stered ss, I	
Signature of Registered Agent 3/16/2015					
If signing on behalf of an entity:					
1.77					

Mark Thomas, Assistant Secretary

Typed or Printed Name

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