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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5926

## REGISTERED AGENT CHANGE

## THE FRANK GATES SERVICE COMPANY

Certificate of Status	0
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https://efile.sunbiz.org/scripts/efilcovr.exe

5/6/2008

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Ohio ir to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: The Frank Gates Service Company	
	office address:	
	NTON AVE DUBLIN OH 43017	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/04/1964 Document number: 818092	
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the truent of State:	
	ANDREW L. RINGERS, DEAN RINGERS MORGAN & LAWTON	
•	200 E ROBINSON ST, SUITE 1020	
	ORLANDO FL 32801 US	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	CT Corporation System	
	c/o CT Corporation System, 1200 South Pine Island Road	
	(F.O. Box NOT acceptable) Plantstion, Florida 33324	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Mal	Mark McCarthy, Secretary and General Counsel	
I hereby accept I further agree to of my duties, and document is bely corporation has	the appointment as registered agent and agree to act in this capacity, of complete performance of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
By: ( AM)	T Comparation System  May 1, 2008  mature of Registered Agent)  (Date)	
If signing on bel	half of an entity:	
CARDLRE	CORD ASST SECY.	
* * * FILING FEE: \$35.00 * * *		
M/ CR2B045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE UL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

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