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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

; {850}222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

FIRST TRANSIT, INC.

Certificate of Status	0
Certified Copy	Ü
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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3/31/2009

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

statement of chan	ge is submitted for a corporation organ	12, 607, 1508, or 617, 1508, Florida Statutes, this nized under the laws of the State of Delaware
<u> </u>		ered agent, ar buth, in the State of Florida
1. The name of th	e corporation: First Transit, Inc.	
2. The principal o	ffice address: 600 Vine Street, Suite 140	00, Cincinnati, OH 45202
3. The mailing ad	dress (if different):	
4. Date of incorpo	pration/qualification: 10/13/1972	Document number: 828834
	street address of the current registered a ment of State: (If resigned, enter resign	agent and registered office on file with the ed)
	Corporation Ser	vice Company A
	1201 Hays Street	
	Talahassee, FL 32301	
6. The name and (if changed):	street address of the new registered ago	ent (if changed) and for registered office
	C T Corpora	tion System RDA 37
	c/o C T Corporation System,	
	(P.O Bux NOT seceptable	
	Plantation, F	lorida 33324
		et address of the business office of its registered agent,
Such change we authorized by the	s authorized by resolution duly adopt e bland, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
	///	Jennifer Shanders, Secretary
	re al un ottwor ar director)	(Printed or typed issue and title)
I hereby accept I further agreed of my duties, an document is bel corporation has	he appointment as registered agent a to comply with the provisions of all si am familiar with and accept the od ng filed merely to reflect a change in been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ye.
By: 7M8	CT Corporation System	3/27/2009
	insture of Registered Agent)	(Date)
If signing on be	half of an entity:	
	G. Ware, Assistant Secretary Typed or Printed Name)	
į.	•	FEE: \$35.00 * * *
M	MAKE CHECKS PAYABLE TO F AIL TO: DIVISION OF CORPORATIONS,	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314

PLUDE - 10/06/2004 C T System Online

CR2E045 (8/05)