7.	8392 ACCOUNT FILING COVER S	320 HEET	•
ACCOUNT NUMBER: REFERENCE: (Sub Account) DATE: REQUESTOR NAME: ADDRESS:	FCA00000005 2016133 11-16-99 LEXIS	FILED 99 NOV 16 PH 1: 18 SECRETART OF STATE TALLAHASSEE, FLORIDA	
TELEPHONE: (_) () ext ())	
DOCUMENT NUMBER: - (if applicable) AUTHORIZATION: 	'STATUS (1-9) Copy	DEVANTURE OF STATE DIVISION OF STATE TALLAHASSEE, FLORIDASSEE, FLORIDA	
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Florida Department of State, Sandra B. Mortham, Secretary of State	
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS	•
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>OH</u>	,
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation is: CARDINAL INDUSTRIES DEVELOPMENT CORPORATION	
2. The mailing address of the corporation is: 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068	 #**********************************
3. Date of incorporation/qualification: 01/12/1978 Document number: 839820	
4. The name and address of the current registered agent and office:	· ·····
CT CORPORATION SYSTEM	±* .
1200 SOUTH PINE ISLAND ROAD	-
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
LEXIS DOCUMENT SERVICES INC	
3953 WW KELLY ROAD	•
TALLAHASSEE, FL 32311	· ·— .
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 resolution duly adopted by its board of directors or by an officer so authorized by the board. H/10/97	· ·
(Signature of an officer, chairman or vice chairman of the board) (Date)	.
(Printed or typed name and title) (Date)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	•
Kebecca heister (Ast Sc 11/5/99 (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
REBECCA HEISLER ASST. SECRETARY (Typed or Printed Name)	<u> </u>
(Typed of Printed Name) (Capacity) CR2E045(4/95) FILING FEE: \$35.00	•.

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