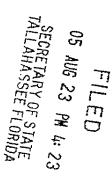
(F	Requestor's Name)	
	Address)	
·	•	
	Address)	
()	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Outsings Entitle Name V	
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	ſ
		l
		j
		ŀ

Office Use Only

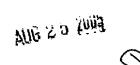


900058586849

08/23/05--01022--001 \*\*35.UU



A Sylven



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TAPE PRODUCTS COMPANY (Name of corporation)
DOCUMENT NUMBER: 848723
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WENDY ANDERS
(Name of person)
NATIONAL SERVICE INFORMATION, INC. (Name of firm/company)
(xumo or min sompany)
145 BAKER STREET
(Address)
MARION OHIO 43302
(City/state and zip code)
For further information concerning this matter, please call:
WENDY ANDERS  at ( 740 ) 387-6806  (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of OHIO to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: TAPE PRODUCTS COMPANY 2. The principal office address: 11630 DEERFIELD RD CINCINNATI OH 45242 3. The mailing address (if different): Document number: 848723 4. Date of incorporation/qualification: 04/02/1981 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: BEAUCHAMP, GERALD 4109-34TH\_ST\_S.W. ORLANDO FL 32811 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): NRAI Services, Inc. 2731 Executive Park Drive. Suite 4 (P.O. Box or personal mailbox NOT acceptable) Weston, FL 33331 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, or the corporation has been notified in writing of the change. 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. NRAI Services, Inc. If signing on behalf of an entity:

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

(Typed or Printed Name)