## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM

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

REGISTERED AGENT CHANGE

REYNA CAPITAL CORPORATION

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12/28/2006 16:26 8202224918

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

	provisions of sections 607.0502, 617.05		
statement of cha	nge is submitted for a corporation orga	unized under the laws of the	State of Omo
in orde	r to change its registered office or regis	sterea agent, or ooth, in the	rm
1. The name of t	he corporation: Reyna Capital Corporati	on	
2. The principal office address: One Reynolds Way, Dayton, OH 45430			
z. the pinterpar	O11100 Bad1 0331.		55 <b>28</b>
	6700 Unilister Voc	wton Taxon 77040	mo 🗷
3. The mailing a	ddress (if different): 6700 Hollister, Hou	stati, rokus rrovo	
4. Date of incorp	oration/qualification: 17/04/1981	Document number:	85/196 OF O
	street address of the current registered tenent of State:	agent and registered office	on file with the
	Corporation Service	e Company	
1201 Hayes Street			
Tallahassos, Florida 32301			
			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
<ol><li>The name and (if changed):</li></ol>	street address of the new registered ago	ent (if changed) and /or regi	stered office
	C T Corpora	tion System	
c/o C T Corporation System, 1200 South Pine Island Road			
(P.O. Box NOY acceptable)			
	Plantation, Fl	orida 33324	
The street address changed will	ss of its registered office and the stree be kientical.	et address of the business o	effice of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopt e board, or the corporation has been r	ed by its board of directors notified in writing of the cl	s or by an officer so nange.
(Signatur	Bunne	Kenneth Bunn	ey CFO/Secretary
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered opent of o comply with the provisions of all sto I I am familiar with and accept the ob- ne filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this cap stutes relative to the prope ligation of my position as he registered office addres e.	acity, r and complete performance registered agant. Or, if this ss, I hereby confirm that the
	Cornoration System	12/28/	
	nature of Registered Agent)	(DA	
If signing on beh	alf of an entity:		
E. A. Wallace, As	sistant Secretary		
(Ty	ped or Printed Name)		
	* * * FILING F	EE: \$35.00 * * *	,
	MAKE CHECKS PAYABLE TO FL	ORIDA DEPARTMENT OF S	TATE
MA CR2E045 (8/05)	EL TO: DIVISION OF CORPORATIONS, I	P.O. BOX 6327, TALLAHAS	SSEE, FL 32314

12/28/2006 16:26 8502227615

PLUPS - QWI 4/2005 C T System Oxfore