

A 25538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

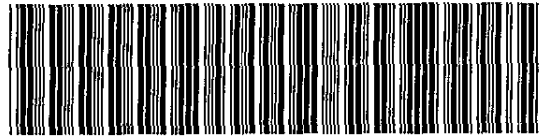
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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 254513 - 7395129

AUTHORIZATION :

COST LIMIT *Patricia Pigott* \$35.00

ORDER DATE : November 4, 2003

ORDER TIME : 8:34 AM

ORDER NO. : 254513-020

CUSTOMER NO: 7395129

CUSTOMER: Mr. Mark Lansell
Aga Gas, Inc.
6055 Rockside Woods Boulevard

Independence, OH 44131-2319

CHANGE OF AGENT

NAME: HOLOX, LTD. (FULTON COUNTY-
LIMITED PARTNERSHIP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HOLOX, LTD.
Name of the limited partnership

2. November 30, 1987 3. A25538
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name

1200 South Pine Island Road
Address

Plantation, FL 33324
City, State and Zip


5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **not** acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

Mark D. Weller, Assistant Secretary of Holox, Inc., general partner
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 obligations 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 limited partnership has been notified in writing of this change.

Corporation Service Company


Signature of Registered Agent

Jeanine Reynolds
as its agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**