Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000227353 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

: C T CORPORATION SYSTEM Account Name Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9426

REGISTERED AGENT CHANGE

CONFERON, INC.

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

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

submits the following statement in order to chang the State of Florida.	e its registered office or registered agent, or both, in	
I. The name of the corporation : Conferon, Inc.		
2. The mailing address of the corporation : 2500 En	terprise Parkway East, Twinsburg, OH 44087	
3. Date of incorporation/qualification: 1/19/00	Document number: F00000000415	
4. The name and address of the current registered a	agent and office:	
Lealie Manecly		
2224 Ocean Drive South, Apartment 1	75,77	
Jacksonville Beach, FL 32250		
	nt (if changed) and/or registered office (if changed): Office (if change	
CT Corporation System		
c/o C T Corporation System, 1200 South	Pine Island Road,	
Plantation, Florida 33324		
he street address of its registered office and the sent; as changed, will be identical.	street address of the business office of its registered	
uch change was authorized by recojution duly ad uthorized by the board	lopted by its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the	e bound) = Du ZEDO	
	, , , , , , , , , , , , , , , , , , , ,	
(Frinted or typed name and tide)		
laving been named as registered agent and to accomparation, I hereby accept the appointment as refurther agree to comply with the provisions of all erformance of my duties, and I am familiar with registered agent. The Companion System of the companion of the companion of the companion System of the companion of the compan	cept service of process for the above stated egistered agent and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as	
y: Character Line (Signature of Reprinted Agent)	7-7-03	
signing on behalf of an entity: Charlotte Repeé Cruz, Lest. Secreta	• •	
(Typed or Frinted Name)	(Capacity)	
* * •	ng = mag = magain	

P.O. Box 6327

TALLAMASSEE, FL 32314

DIVISION OF CORPORATIONS