F00000003099

Document Number Only

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CT Corporation System 560 East Jefferson Stallahassee, FL 3230 350-222-1092	treet D 1	PATE: //// 9000034474095
_ <u></u>	orporation(s) Name	*****35.00 *****35.00
ADB-A	LNACO, In	C. TALES
)Profit)Nonprofit	()Amendment	()Merger
()Foreign ()LLC	()Dissolution ()Withdrawal	()Mark 🖻 🖰 🌣
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	()UBR ()Fititious Name	()Other Ch. RA
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Carol Clark

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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
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: ADB-ALNACO, Inc.
2. The mailing address of the corporation is: 977 Gahanna Parkway, Columbus OH 43230
3. Date of incorporation/qualification: 1/12/79 Document number: F00000003099
4. The name and address of the current registered agent and office:
Ralph Mangione Esq
One Tampa City Center, Suite 2600
201 N. Franklin Street, Tampa, FL 33602
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
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.
authorized by the bloads 9/13/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
Stephen H. Rauch, President
(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.
(Signature of Registered Agent) (Date)
if signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
FILING FEE: \$35.00