

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575



## REGISTERED AGENT CHANGE

BELRON US INC.

0-4:5-4654-4	
Certificate of Status	
Certified Copy	0
Page Count	02
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6/3/2009

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

statement of change is sub	mitted for a corporation organ	2, 607.1508, or 617.1508, Florida Sta ized under the laws of the State of De tred agent, or both, in the State of Flor	laware		
	nion: BELRON US INC	-			
2. The principal office add	2400 Farmers Driv	re, Columbus, OH 43235		_	
3. The mailing address (if a Tax Department,		ımbus, OH 43218-2000			
4. Date of incorporation/qu	elification: 02/20/2001	Document number: F010000	01005		
	ress of the current registered a	gent and registered office on file with t	the	_	
CTCo	rporation System				
1200 S	outh Pine Island Road		 12.(1)		
Plantat	ion, FL 33324		ALCX SECR	r 60	
<ol><li>The name and street add (if changed);</li></ol>	ress of the new registered agen	t (if changed) and /or registered office	ETAR'	JUN -3	Črina E 2330 media
Corpor	ation Service Company		F		17
1201 H	ays Street	_	FI O	ထဲ	in the same
	(P.O. Box NOT scorptable)		JAILE JAILE	25	
	ssee, FL 32301		~		
=		address of the business office of its re		egent,	
Such change was authorized by the board, or	ed by resolution duly adopted r the corporation has been no	by its board of directors or by an off tifled in writing of the change.	ficer so		
State of an oracle	relul	Maureen Cullen, Attorney i			
/ · · ·	timent as registered agent an with the provisions of all statu- iliar with and accept the obli- crely to reflect a change in the fied in writing of this change.	d agree to act in this capacity, des relative to the proper and comple gation of my position as registered as registered office address, I hereby to	•	nance if this at the	
By:		May 27, 2009			
(Signature of Reg	pertify:	(Data)	-		
Sylvia Queppet, Ass					
(Typed or Printe					
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\* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS FAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2B045 (8/05)