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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

GIOFFRE COMPANIES, INC.

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

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Corporate Filing Menu

Help

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this transcript is submitted for a corporation organized under the laws of the State of Olilo less to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation. GIOFFRE COMPANIES, INC.		
	al office address:		
	erman Rd, Dublin, OH 43016		
	address (if different):	·	
4. Date of incor	rporation/qualification: 02/11/2002 Document number: F02000000812		_
	and street address of the current registered agent and registered office on file with the Extraction of State:	2 2 2	
•	NRAI Services, Inc.		
	2731 Executive Park Dr., Suite 4	5	-
	Weston, FL 33331	P.	[
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its registered ag I be identical.	ėnį,	
	as authorized by resolution duly adopted by its board of directors of by an officer so the board, or the corporation has been notified in writing of the change.) ^&&	
	(Printed of typod larms and tile)	,	
l hereby accept I further apres i Of my duties, an document is bei corporatiophas	t the appointment as registered agent and agene to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performing an agent. Or, if and landliar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that is been positied in writing of this change.	ince this the	
By: Dipola	thon Service Conspony Jeknary 17, 200 (Date)		
	chalf of an entity:		
Amy Gudge	el, Asst. Vice President		
(T	Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

MAKE CEECES PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)