F02000001561

(Re	equestor's Name)	
(Ad	ldress)	
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(Cît	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	CO: Amendment Section Division of Corporations						
SUBJI	ECT: Marvin W. Mielke, Inc.	oration)					
DOCU	JMENT NUMBER: F02000001561	·					
The en	closed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to t	he following:					
	Angela Gawlinski						
	(Name of Contact	t Person)					
	Premier Corporate Services						
	(Firm/Company)						
200 West Adams, Suite 2007							
	(Address)					
	Chicago, IL 60606 (City/State and Z	in Code)					
For fur	rther information concerning this matter, please call:	.,					
10.10.	mornation concerning this matter, prouse can:						
	Angela Gawlinski a (Name of Contact Person)	t (312) 346-3606 (Area Code & Daytime Telephone Number)					
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclos	sed is a \$35.00 check made payable to the Departmen	nt of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of cha	nge is submitted	for a corporation organi	2, 607.1508, or 617.1508, Florida State ized under the laws of the State of <u>Onlo</u>			
	_		red agent, or both, in the State of Flori	lda.		
The name of the corporation: Marvin W. Mielke, Inc. The principal office address: 1040 Industrial Parkway, Medina, OH 44256						
2. The principal	office address:_1	1040 Industrial Parkway,	Medina, OH 44256	······		
			anananan.			
3. The mailing a	ddress (if differe	ent):				
Secretary to a	THE RESERVE					-
4. Date of incorp	poration/qualification	ation: 3/25/2002	Document number: F020000	J1561		 -
	l street address o tment of State:	f the current registered a	gent and registered office on file with t	he —		·
•		tion System	•	ALL!	J 60	
	1200 South	Pine Island Road		HASS	₩ :	<u> </u>
	Plantation, F	FL 33324		E O. 7	AH	LED
6. The name and (if changed):	l street address o	f the new registered ager	nt (if changed) and /or registered office	STATE	AH 10: 22	
	NRAI Serv	vices, Inc.	ete some			
	2731 Exec	cutive Park Drive,				
•		(P.O. Box NOT acceptable)				
	Weston,	FL 33331				
The street address changed will	ess of its registe be identical.	red office and the street	address of the business office of its r	egistered	agent	t,
Such change wanthorized by the	as authorized by he board, or the	resolution duly adopte corporation has been no	d by its board of directors or by an of otified in writing of the change.	ficer so		
	iswath		Mark A. Watkins, Chief Financial			
	the appointment to comply with a comply with a comply with a comply with a compliant of the complete of the co	•	of Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and compligation of my position as registered are registered office address, I hereby to the complete	-	rmane if th hat th	ce is e
	gnature of Rogistered)	(Date)	 	······	<u>-</u>
If signing on be	ehalf of an entity	y:				
	vlinski-Asst.					
• (Typed or Printed Nan	ne)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *