F04000003847

(Requ	uestor's Name))			
(Addr	ress)				
(Addr	ess)				
· (City/	State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
		;			





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200 West A dams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

December 18, 2009

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State P.O. Box 6327 Tallahassee, FL 32314

RE: Steven Schaefer Associates, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Norine Nagel

NN/ms

Encl.

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

-	•	•	2, 607.1508, or 617.1508, Flo ized under the laws of the Sta		
in orde	r to change its r	egistered office or registe	ered agent, or both, in the Sta	te of Florida.	
1. The name of the corporation:			Steven Schaefer Associates, Inc.		
		10411 Medallion Drive, S			
Cincinnati,	OH 45241				
3. The mailing a	ddress (if differ	ent):			
4. Date of incorp	oration/qualific	ation: 07/07/2004	Document number: F(04000003847	
5. The name and			gent and registered office on		
	Corporation	Service Company			
	1201 Hays	Street		1 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Tallahasse	e, FL 32301	· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	l street address o	of the new registered ager	nt (if changed) and /or registe	red office red office	
	NRAI Ser	vices, Inc.			
	2731 Exe	cutive Park Drive,			
	14/4	(P.O. Box NOT acceptable))		
	vveston,	FL 33331	WHIRM IN THE STATE OF THE STATE		
The street address changed will	ess of its registe be identical.	ered office and the street	address of the business office	ce of its registered agent,	
Such change was authorized by the	as authorized by ne board, or the	y resolution duly adopted corporation has been no	d by its board of directors or tified in writing of the chan	r by an officer so ge.	
	7/1		James R. Miller-Preside	nt	
(Signat	are of an officer or di	rector)	(Printed or typed n	ame and title)	
of my duties, and document is being corporation has	to comply with id I am familiar insfiled merely	nt as registered agent an the provisions of all stat with and accept the obl to reflect a change in th in writing of this change	nd agree to act in this capac tutes relative to the proper a ligation of my position as re ne registered office address,	ity, ind complete performance gistered agent. Or, if this I hereby confirm that the	
- / (Si	gnature of Registores	i Agent)	_/2/17/09 (Date)	<u></u>	
If signing on be	chalf of an entit	y:			
	el-Assistant Typed or Printed Nar				

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