## F05000002268

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R. A. Change C.COULLIETTE

APR 28 2009

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE: 969112 7700376

AUTHORIZATION :

COST LIMIT : \$35 000 cman

ORDER DATE: April 23, 2009

ORDER TIME : 10:07 AM

ORDER NO. : 969112-023

CUSTOMER NO: 7700376

## CHANGE OF AGENT

NAME: SCRIPPS BC DEVELOPMENT COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz ir to change its registered office or register		
1. The name of t	the corporation: SCRIPPS BC DEV	ELOPMENT COMPANY	
2. The principal	office address: 312 Walnut Street,	28th Floor, Cincinnati, OH 45202	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/12/2005	Document number: F05000002268	
	d street address of the current registered agreement of State:	ent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road	<u> </u>	ü
	Plantation, FL 33324	09 AF	七八子
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	COSPURA
	Corporation Service Company		NUN
	1201 Hays Street		-
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Mauro	on Cullan	Maureen Cullen, Attorney in fact (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. Lion Service Company	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
BX: Y /c	gnature of Registered Agent)	4/22/09 (Date)	
	chalf of an entity:	(south)	
Michelle R.	Vannoy, Asst. VP		
(	Typed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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