

F07000005024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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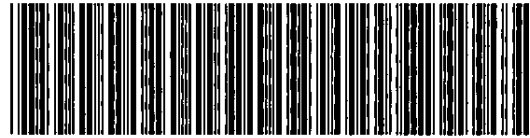
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The James B. Oswald Company
Name of Corporation

DOCUMENT NUMBER: F07000005024

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Sarnowski

Name of Contact Person

The James B. Oswald Company

Firm/Company

1100 Superior Avenue, Suite 1500

Address

Cleveland, OH 44114

City/State and Zip Code

msarnowski@oswaldcompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Sarnowski

Name of Contact Person

at (216) 367-8854

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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SECRETARY OF STATE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Ohio _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The James B. Oswald Company
2. The principal office address: 4350 West Cypress Street, Suite 725
Tampa, FL 33607
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/19/2007 Document number: F07000005024

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles L. Storm

4350 West Cypress Street, Suite 725

P.O. Box NOT acceptable

Tampa, FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

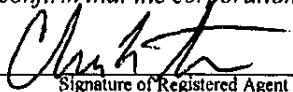
David C. Jacobs

Signature of an officer or director

David C. Jacobs, COO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

12/11/13

Date

If signing on behalf of an entity:

Charles L Storm

Typed or Printed Name

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

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

CR2E045 (03/12)

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