## F 1000000 4992

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DEC 21 2011

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE: December 20, 2011

ORDER TIME : 10:42 AM

ORDER NO. : 032536-146

CUSTOMER NO: 7860016

## CHANGE OF AGENT

NAME: MERIT ENTERPRISES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of Ohio red agent, or both, in the State of Florida.	his	
	the corporation: MERIT ENTERPRIS	· ·		
2. The principal	office address: 1 AEC Parkway, Richr	mond Heights, OH 44143		
3. The mailing a	address (if different): 1 AEC Parkway, F	Richmond Heights OH 44143		
4. Date of incorp	poration/qualification: 11/12/2010	Document number: F10000004992		
	d street address of the current registered agreement of State:	ent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			, e
	Plantation FL 33324		TOEC 2	<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				ON OF OR
	Corporation Service Company		7	- 포스 - 포스
	1201 Hays Street		<u></u>	
(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registere	ed age	nt,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	)	
Marie	ren Cathell	Maurcen Cathell, Vice President		_
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title)  I agree to act in this capacity.  tes relative to the proper and complete per  zation of my position as registered agent. (  registered office address, I hereby confirm	forman Or, if t i that t	ıce his he
Corporation By:	on Service Company	December 19, 2011		
	nature of Registered Agent)	(Date)	<del></del>	_
If signing on bel	half of an entity:			
	et, Asst. Vice President			
(1	'yped or Printed Name)	2. 625 NA * * *		
	* * * FILING FEI	2: ずンラ・サリ " " "		

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