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(((H150002405123)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 per : (850)878-5368 Phone Fax Number

Enter the email address for this business entity to be used for full the annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE THE GOETTLE CO.

| Certificate of Status | 0 |
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https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER TO: Amendment Section Division of Corporations THE GOETTLE CO. Name of Corporation DOCUMENT NUMBER:_ 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: Name of Contact Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person 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

CR2E045 (03/12)

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

| Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist | nized under the laws of the State of Ohio | |
|---|---|--|
| 1. The name of the corporation: THE GOETTLE CO. | | |
| 2. The principal office address: 12071 Hamilton Ave., Circinnati, OH 45231 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 4/26/2013 | Document number: F13000001833 | |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned | | |
| CORPORATION SERVICE COMPANY | | |
| 1201 HAYS STREET | | |
| TALLAHASSEE, FL 32301-2525 | | |
| 6. The name and street address of the new registered ager (if changed): | | |
| C T Corporation System | C T Corporation System | |
| c/o C T Corporation System, 1200 South Pine Island Road | | |
| P.O. Box NOT acceptable | | |
| Plantation, Florida 33324 | | |
| The street address of its registered office and the street as changed will be identical. | address of the business office of its registered agent, | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | | |
| longer - | Joseph Tamimi, Secretary | |
| Signature of an ollocal of disease. I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acagent. Or, if this document is being filed merely to refle thereby confirm that the corporation has been notified in | ccept the ootigation of my position as registered act a change in the registered office address. I | |
| C T Corporation System By: JoAn Tolosa | October 3, 2015 | |
| Signature of Registeres Style Hant Sucretury | Date | |
| If signing on behalf of an entity: | | |
| 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)