





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H180003425083ABC+

To:		,
	Division of Corporations	
	Fax Number : (850)617-6380	
From:		, 3.
	Account Name : C T CORPORATION SYSTEM	<i>عد</i>
	Account Number : FCA000000023	146
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	
Enter	the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.	ure:

REGISTERED AGENT CHANGE

FINDLEY DAVIES, INC.

•	Now:	Findley, Inc.
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Certificate of Status Certified Copy Page Count Estimated Charge \$43.75

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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
1. The name of the corporation: Findley, Inc.
2. The principal office address: One Seacotc Suite 7050
Tolado Ohio 43604
3. The mailing address (if different):
2387
4. Date of incorporation/qualification: 5 30 2014 Document number: F1400000 2378
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)
Tara Morey
4320 Carrollwood Village Drz -
Tompa F1. 33618
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
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 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 so authorized by the board, or the corporation has been notified in writing of the change.
Kathry R Beery Assistant 7
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.
By: CT Corporation System II 115/18 Signar of Registered Agent Date
If signing on behalf of an entity: Danny Verdecchia
Assistant Secretary 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)