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ACCOUNT NO. : I2000000195

REFERENCE : 978768

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: May 1, 2009

ORDER TIME : 9:15 AM

ORDER NO. : 978768-025

CUSTOMER NO: 7704200

## CHANGE OF AGENT

NAME: THORSON BAKER & ASSOCIATES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corpo <mark>ration or</mark> ga er to change its registered office or regis	nized under the laws of the State of	Ohio	this	_
1. The name of	the corporation: THORSON BAK	ER & ASSOCIATES, INC			
2. The principal	office address: 3030 W. Streetsbo	oro Road, Richfield, OH 44	1286		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 08/17/1994	Document number: F9400	00042	63	
	d street address of the current registered a rtment of State:	agent and registered office on file wi	ith the		
	C T Corporation System				
	1200 South Pine Island Road		SEC SEC	2009	
	Plantation, FL 33324		ARE TO	1 YAM 6007	<u> </u>
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered of	TARY OF S	IS AHII:	LED
	Corporation Service Compan	y	22 22 22 22 23		
	1201 Hays Street		Ş.,.	<b>د</b>	
	(P.O. Box NOT acceptable	*)	<del></del> -		
	Tallahassee, FL 32301		_		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of i	ts registe	red age	ent,
Such change wa	as authorized by resolution duly adopte he board, or the corporation has been n	d by its board of directors or by an otified in writing of the change.	officer :	so	
1/1/1	elletul	Maureen Cullen, Attorne	•	ect	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent as to comply with the provisions of all stated I am familiar with and accept the object in the provisions of all stated I am familiar with and accept the object in the provision of this change in the provision of the the provision	(Printed or typed name and agree to act in this capacity, tutes relative to the proper and conligation of my position as registere the registered office address, I here.	,	erforma Or, if m that	nce this the
By:	tion Service Company	May 13, 2009			
(Sig	grature of Registered Agent)	(Date)			_
If signing on be	half of an entity:				
Sylvia Quep	ppet, Asst. VP				
Г)	Typed or Printed Name)				

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