F9500002990

(Re	equestor's Name)	2-1-14 ₂₋₁₂ -1-1
(Ac	ldress)	
/Ad	ldress)	*****
(,	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: WD Partners, Inc.	(Name of corporation)
	(realite of corporation)
DOCUMENT NUMBER:	F95000002990
The enclosed Statement of Change of Reg	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Traci Smith	
	(Name of person)
National Service Information	
	(Name of firm/company)
145 Baker Street	
	(Address)
Marion, OH 43302	
	(City/state and zip code)
For further information concerning this ma	atter, please call:
	•
Traci Smith	at / 900 \ 225.0227
(Name of person)	at (800) 235-0337 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable t	to the Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Cornerations	Amendment Section Division of Corporations
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

CR2EO45(09/03)

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

change is submi	provisions of sections 60 itted for a corporation of gistered office or register	rganized under the la	aws of the State of		is statement of in order
1. The name of	the corporation: WD Partr	iers, Inc.			
2. The principal	office address: 1201 Dub	lin Road, Columbus, Oh	io 43215		
3. The mailing a	iddress (if different): 120	1 Dublin Road, Columb	us, Ohio 43215		
4. Date of incorp	poration/qualification:	December 26, 1995	Document number:	F9500000	2990
	i street address of the curtiment of State:	rrent registered agen	t and registered office o	n file with the	
	CT Corporation System				
	1200 South Pine Island Ro	oad	<u> </u>		
	Plantation, Florida 33324			<u> </u>	은
6. The name and (if changed):	i street address of the ne	w registered agent (i	f changed) and /or regis	tered office LAHASSE	JUN 21
	NRAI Services, Inc.		<u></u>	<u></u>	E E
	526 E. Park Avenue	(P.O. Box or personal mails	ox NOT acceptable)	- 87	
	Tallahasse, Florida 32301			DA.	
The street addre	esp of its registered office		lress of the business of	fice of its registere	d agent, as
, ,,	as authorized by resolute corporation has been i				
	Signature of an officer or directo	r)	CHOUS DOE	Cotton typed name and title	COO PLESIDE
l further agrèc i duties, and I am being filed mer	signature of an officer or director the appointment as reg to comply with the provate familiar with and acceed to reflect a change writing of this change.	isions of all statutes opt the obligation of	s relative to the proper "my position as registe	and complete perf red agent. Or, if th	us document is
by:	(Signature of Registered Agent)	<i>Y</i>		12/04 -	
If signing on be	chalf of an entity:			₹122(€)	
	Travis Pinkstaff			Assistant Secretary	
	(Typed or Printed Name)			(Capacity)	

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