F95000004899 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: REFERENCE: (Sub Account) DATE: REQUESTOR NAME:	FCA000000005 2016133 11-16-99 LEXIS	99 NOV SECRET
ADDRESS:		LED 16 PM 2: 44 ARRY OF SLATE ASSEE, FLORIDA
TELEPHONE: (_ CONTACT NAME:) () ext (
CORPORATION NAME:	F95 - 4899	
DOCUMENT NUMBER:(if applicable)		
AUTHORIZATION: _	C. Woodigad	0003045703 <u> </u>
CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED	STATTIC /1-01	,
Call When Read Walk In Hail Out	Y () Call if Problem () Will Wait () APGE 400000
	C. COULLIETTE NOV 1 7 1999	6 AM II: 45 FORPORATIONS SSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

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

macrocerten con	provisions of sections 607.0502, 617.0502, 607.1508, poration organized under the laws of the State of $__$.r
submits the follo State of Florida.	wing statement in order to change its registered office o	or registered agent, or both, in the
1. The name of the	he corporation is: CRSI SPV 20314, INC.	
2. The mailing ad	dress of the corporation is: 6954 AMERICANA PARKWA	Y REYNOLDS BURG, OH 43068
Date of incorp	oration/qualification: 10/10/1995 Document	nt number: F95000004899
4. The name and a	address of the current registered agent and office:	
	CT CORPORATION SYSTEM	AS 50
	1200 SOUTH PINE ISLAND ROAD	99 M
5 The	PLANTATION, FL 33324	ASAR SULT
J. The name and a	ddress of the new registered agent and office: (P. O. Bo	x.Not Acceptable) 77 5
	LEXIS DOCUMENT SERVICES INC	2° 2° 0
	3953 WW KELLY ROAD	RAA 2: 4
·	TALLAHASSEE, FL 32311	
	of its registered office and the street address of the b	
Such change was a authorized by the l	authorized by resolution duly adopted by its board of board.	directors or by an officer so
	ma Cline	-11/0/99
(Signature of	an officer, chairman or vice chairman of the board)	(Date)
	LISA CURRILISEE.	
Having been name corporation, I here I firther garee to	(Printed or typed name and title) d as registered agent and to accept service of process by accept the appointment as registered agent and a comply with the provisions of all statutes relative to the duties, and I am familiar with and accept the obliga	(Date) s for the above stated gree to act in this capacity
performance of my registered agent.	omply with the provisions of all statutes relative to the duties, and I am familiar with and accept the obliga	tion of my position as
Self (Signa	trure of Registered Agent)	11/5/99 (Date)
If signing on behalf of	an entity:	
REBECCA HEISLEI		ASST. SECRETARY
	d or Printed Name)	ASST. SECRETARY (Capacity)
CR2E045(4/95)		FILING FEE: \$35.00