F95000004947 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA000000005	
REFERENCE: (Sub Account)	2016133	SEC TAL
DATE:	11-16-99	
REQUESTOR NAME:_	LEXIS	1888 18 LE
ADDRESS:		PA 2: 34
TELEPHONE: (· ()
CONTACT NAME:	, 500	* (
CORPORATION NAME:	F95-4947	0 9 -
		震
DOCUMENT NUMBER: (if applicable)		599 6 m
AUTHORIZATION:	C. Woodigad	16 MII: 45 HOF SEE, FLORIDA
CERTIFIED COI	OF STATUS (1-9)	0000030457105
Call When Rea Walk In Mail Out	dy () Call if Problem () Will Wait	() After 4:30 () Pick Up

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

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, the undersigned corporation organized under the laws of the State of $_{ m DE}$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: CRSI SPV 20224, INC.
2. The mailing address of the corporation is: 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068
3. Date of incorporation/qualification: 10/12/1995 Document number: F95000004947
4. The name and address of the current registered agent and office:
CT COPPODATION GYGTTM
1200 SOUTH PINE ISLAND ROAD
9
5. The name and address of the pays registered and
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
LEXIS DOCUMENT SERVICES INC
3953 WW KELLY ROAD
TALLAHASSEE, FL 32311
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
7/2 /4/2/2
(Signature of an officer, chairman or vice chairman of the board)
LISA CIPRIE, See-
(Printed or typed name and title) (Date)
Having been named as registered agent and to seem to
corporation, 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.
Helerra de jos antila
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
REBECCA HEISLER (Typed or Printed Name) ASST. SECRETARY
(Capacity)
CR2E045(4/95)

FILING FEE: \$35.00