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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

THE W. W. WILLIAMS COMPANY OF OHIO, INC.

	,,
Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Ohio ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: THE W. W. WILLIAMS COMPANY OF OHIO, INC. al office address: 835 West Goodale Boulevard, Columbus, OH 43212	
3. The mailing	address (if different):	_
4. Date of incor	rporation/qualification: 12/29/1995 Document number: F95000006318	_
5. The name an	id street address of the current registered agent and registered office on file with the atment of State:	
	C T Corporation System	Ų
	1200 South Pine Island Road	 ∑.
	C T Corporation System 1200 South Pine Island Road Plantation, FL 33324	04 1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	City
	Corporation Service Company	
	1201 Hays Street (P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Was	Maureen Cullen, Attorney in Fact (Printed or typed name and title)	
Corporal By: /////	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance to comply with the provisions of all statutes relative to the proper and complete performance at a familiar with and accept the obligation of my postion as registered agent. Or, if this ing filed mayety to reflect a change in the registered office address, I hereby confirm that the special performance of the provided in writing of this change. The provided of the provided in writing of this change. The provided of the provided in writing of this change. The provided of the provided in writing of this change. The provided in writing of this change.	
	chaif of an entity:	
–	Vannoy, Asst. V.P.	
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPOBATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2EO45 (805)