F 96000002773

ACCOUNT NUMBER:_	FCA000000005	
REFERENCE:	2016133	TALLANDON TO THE PARTY OF THE P
DATE:	11-16-99	是
REQUESTOR NAME:	LEXIS_	
ADDRESS:		
TELEPHONE: (_) () ext	()
CONTACT NAME:		·
CORPORATION NAME:	F96-2773	
-		
DOCUMENT NUMBER: _ (if applicable)		1 9 7
AUTHORIZATION:	C. Woodeard	PRECEIVED 99 NOV 16 JM 11: 44
		THE RESERVE TO THE REPORT OF THE PARTY OF TH
CERTIFIED COF	P STATUS (1-9)	T. 44 STATE RATIONS
() Call When Rea () Walk In () Mail Out	dy () Call if Problem () Will Wait	() After 4:30 () Pick Up

800003045738---8

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, 6 undersigned corporation organized under the laws of the Stat	
submits the following statement in order to change its register	•
State of Florida.	
1. The name of the corporation is: CARDINAL APARTMENT S	ERVICES, INC.
tan.	
2. The mailing address of the corporation is: 6954 AMERIC	ANA PKWY REYNOLDSBURG, OH 43068
3. Date of incorporation/qualification: 05/31/1996	Document number: F9600002773
4. The name and address of the current registered agent and off	ice:
CT CORPORATION SYSTEM	ECR TO
1200 SOUTH PINE ISLAND R	OAD ST TO
PLANTATION, FL 33324	THO 2 I
5. The name and address of the new registered agent and office	(P. O. Box Not Acceptable)
LEXIS DOCUMENT SERVICES	INC SET &
3953 WW KELLY ROAD	***
TALLAHASSEE, FL 32311	
The street address of its registered office and the street addreasent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	s board of directors or by an officer so
Zisa Curue	11/0/99
(Signature of an officer, chairman or vice chairman of the boar	d) (Date)
LIA CLERRIC, Sec.	
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered of further agree to comply with the provisions of all statutes reference of my duties, and I am familiar with and accept egistered agent.	e of process for the above stated agent and agree to act in this capacity. elative to the proper and complete the obligation of my position as
(Signature of Registered Agent)	11./5/99 (Date)
f signing on behalf of an entity:	. ,
REBECCA HEISLER	ASST. SECRETARY
(Typed or Printed Name)	(Capacity)
R2E045(4/95)	FILING FEE: \$35.00