

F960000002934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

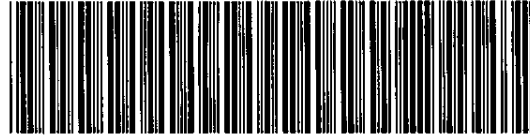
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Signature]
2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 209 ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: F96000002934

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JILL PROBST

Name of Contact Person

NATIONAL SERVICE INFORMATION, INC

Firm/Company

145 BAKER ST

Address

MARION, OHIO 43302

City/State and Zip Code

JILL@NSII.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL PROBST

Name of Contact Person

at (740) 387-6806
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

**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, this statement of change is submitted for a corporation organized under the laws of the State of OH in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 209 ASSOCIATES, INC.
2. The principal office address: 250 CIVIC CENTER DRIVE, SUITE 500 COLUMBUS, OH 43215
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/12/1996 Document number: F96000002934
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DETZEL, CHRISTOPHER

540 E HORATIO AVE #202

MAITLAND, FL 32751

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Don M. Casto, III Vice President
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

By: [Signature]

Signature of Registered Agent

2-4-15
Date

If signing on behalf of an entity:

Jill Probst Asst. Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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