ACCOUNT NO.

072100000032

REFERENCE

842160

7212030

AUTHORIZATION -

COST LIMIT

ORDER DATE: September 25, 2000

ORDER TIME :

10:35 AM

ORDER NO. :

842160-305

CUSTOMER NO:

7212030

100003438871--9

CUSTOMERS Deborah A. Zelei, Legal Asst
Cedarwood Development, Inc.
Codo National Road
Akron, OH 44313

CHANGE OF AGENT

NAME:

PM CORDOVA CROSSING CAPITAL

CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

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

	ne provisions of sections 607.0502, 61		.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Ohio 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	t the corporation is. FM CORPOVA CROS	SING CAPITAL CORP.	
	4.1		
2. The mailing	g address of the corporation is: 1765 M	erriman Rd., Akron, OH	44313
3. Date of inco	orporation/qualification: November 19,	1997 Document num	ber: F97000006129
4. The name a	nd address of the current registered age	nt and office:	5 ∞ •
	UCC Filing & Search Services, In	c.	
	526 E. Park Ave.		
	Tallahassee, FL 32301		SEE
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
	Corporation Service Company		
	1201 Hays Street	···	
	Tallahassee, Florida 32301	-	
The street addagent, as chang	ress of its registered office and the streed, will be identical.	eet address of the business	s office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.			
AW X			10-19-2000
(Signatu	of an officer, chairman or vice chairman of the b	poard)	(Date)
Alan W. S	ponseller, Vice President		
_	(Printed or typed name and title)		, 15
corporation, I l I further agree	amed as registered agent and to accept hereby accept the appointment as regist to comply with the provisions of all sta f my duties, and I am familiar with and a nt.	tered agent and agree to ac tutes relative to the proper	t in this capacity. and complete
Ву: (mindl Onle	10 24 2000	
<u>, </u>	(Signature of Registered Agent)	10-24-2000 (Date)	
If signing on behalf	of an entity:		
	ol K. Dolor, Asst. VP		
·	(Typed or Printed Name)	(Capac	city)
* * * FILING FEE: \$35.00 * * *			

CR2EO45(7/97)