

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

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REGISTERED AGENT CHANGE

PM CORDOVA CROSSING CAPITAL CORP.

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Corporate Filing Menu

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**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 Ohio
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PM CORDOVA CROSSING CAPITAL CORP.
2. The principal office address: 1765 MERRIMAN RD., AKRON, OH 44313
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/19/1997 Document number: F97000006129
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301 US

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

C T Corporation System

c/o C T Corporation System, 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 this change.

[Signature]
Signature of an officer or director

Alan W. Sponseller, 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.

By: [Signature]
Signature of Registered Agent

6/30/2009

Date

If signing on behalf of an entity:

Megan G. Ware
Type of Printed Name
Assistant Secretary

*** 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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