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FILED JAN 19 AM 9: 3 CORPORATION SERVICE COMPANY №1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 032279 7388568				
AUTHORIZATION : June 10 80				
COST LIMIT : (5 35.00				
ORDER DATE : January 19, 2018				
ORDER TIME : 11:19 AM				
ORDER NO. : 032279-015				
CUSTOMER NO: 7388568				
CHANGE OF AGENT				
NAME: STYLE CREST INC.				
AAM. SIIII CRISI INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Roxanne Turner				
EXAMINER'S INITIALS:				

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	STYLE CREST, INC.
	Name of Corporation
DOCU	F98000000470 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	- MARY HOFFMAN
	Name of Contact Person
	STYLE CREST, INC.
	Firm/Company
	2450 ENTERPRISE STREET
	Address
	FREMONT, OH 43420
	City/State and Zip Code
	mary.hoffman@stylecrest.net
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Mary Hoffman 419 333-5695
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	17.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of
1. The name of t	he corporation: STYLE	CREST, INC.
2. The principal	office address: 5001 GA	TEWAY BLVD. UNIT 10, LAKELAND, FL 33811
3. The mailing a	ddress (if different): 245	50 ENTERPRISE STREET DRAWER A, FREMONT, OH 43420
4. Date of incorp	poration/qualification:	1/27/1998 Document number: F9800000470
	I street address of the cu trnent of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)
	FRANTZ, TYRONE G	
	5001 GATEWAY BLV). UNIT 10
	LAKELAND, FL 33811	
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or registered office
	Corporation Service Co	7.2
	1201 Hays Street	P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered offic be identical.	the and the street address of the business office of its registered agent,
		ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
7_	CHE	Tyrone G Frantz, CFO
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the prov my duties, and I am fan is document is beiny fil	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete isions with and accept the obligation of my position as registered ad merely to reflect a change in the registered office address, I s been notified in writing of this change.
By: Key	nature of Registered Agent	- 1/19/18
, ,	half of an entity:	Roxanne Turner Asst. Vice President
T	yped or Printed Name	

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