

Ohio Kentucky Indiana Tennessee

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-04/20/01--01068--008 \*\*\*\*\*25.00 \*\*\*\*\*25.00

April 12, 2001

HLM

L-16091

Florida Department of State Division of Corporations P. O. Box 327 Tallahassee, Florida 32314

Dear Ladies and Gentlemen:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with a check in the amount of \$25 payable to the Secretary of State.

Very truly yours,

FROST BROWN TODD LLC

Edmund J. Adams

EJA/jm Enclosures CC: John W. Persse, Esq.

Mr. William R. Streng

01 APR 20 PM 4: 49
SECRETARY OF STATE
ALLAHASSEE, FI OBLA

CINlibrary/1045892.1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 the limited liability company is:			Adams-Riegler, LLC	
2. The mailing address o				
			Cincinnati, Oh	
December 21, 2000			L0000001609	
3. Date of filing/registration in Florida			4. Document nur	nber
5. The name of the registe Florida Department of	ered agent and the reg State:	gistered offi	ce address as shown o	on the records of the
	William R. St			
	5055 Gulf of	Name Mexico Dr	ive, Unit 325	•
	Longboat Key,	Address Florida	34228	
	Cit	y, State and	Zip	e e e
6. The name and address	of the new registered	agent and/c	or office:	
	John W. Pers	se, Esq	uire	-
		Name		
	1800 Second			
	Florida street addre	ess (P.O. Bo	x NOT acceptable)	
	Sarasota	.EL	34236	TAN O
	City,	State and Z	ip	ECR LLA
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	the registered agent very confirmed that the liability company of	made, the F will be ident he change(s) or as otherwi	londa street address (	of the registered office of a Florida limited of the same affirmative vote of ticles of organization or
(Signature of a member or authori	zed representative of a mem	iber)	<u> </u>	TE RIDA
Edmund J. Adams, M (Printed or typed name of signee)	anaging Member	•	_	
I hereby accept the appoint comply, with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered s of all statutes relati d accept the obligation is document is being that the limited liabil	agent and a ve to the pro ons of my po g filed to me lity compan	gree to act in this cap oper and complete pe sition as registered a rely reflect a change y has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00** 

INHS18(10/99)