

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

L. SELLERS

JUL 15 2009

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

EXAMINER

REGISTERED AGENT CHANGE

DEBRA MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	835.00

RECEIVED

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**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. Name of the limited liability company: DEBRA MANAGEMENT LLC

2. (a) Principal office address of limited liability company: 24550 MELDON BLVD.
(Note: MUST BE STREET ADDRESS) BEACHWOOD OH 44122

(b) Mailing address of limited liability company: 24550 MELDON BLVD.
(Note: MAY BE POST OFFICE BOX) BEACHWOOD OH 44122

5/15/2002
3. Date of filing/registration in Florida

L02000011816
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: A.G.C. CO.

Registered Office Address: 200 S. ORANGE AVENUE, Suite 2100
ORLANDO FL 32801 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Debra Krenzel
(Signature of a member or authorized representative of a member)

Debra Krenzel
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Barbara A. Burke
(Signature of Registered Agent)

Barbara A. Burke
Special Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

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