

L03000002467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

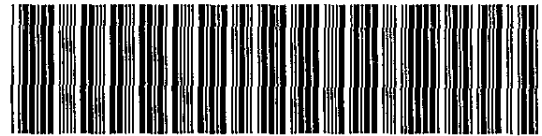
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300054272393

05/13/05--01026--008 **25.00

FILED
2005 MAY 13 PM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 19 2005



BRENNAN, MANNA & DIAMOND, LLC
ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich
Phone: 330-253-5060
Fax: 330-253-1977
Email: akdragolich@bmdllc.com

May 12, 2005

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
2005 MAY 13 PM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Copy Holdings, LLC

Dear Sir or Madam:

Enclosed herewith please find the Statement of Change of Registered Agent for the above-referenced entity, along with a check in the amount of \$25.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please contact me if you have any questions.

Very truly yours,

A-K Dragolich

Anna-Karina Dragolich
Paralegal

**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: Copy Holdings, LLC

2. The mailing address of the limited liability company is : 75 East Market Street
Akron, Ohio 44308

January 21, 2003

L03000002467

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lewis W. Harper

Name

76 South Laura Street, Suite 1700

Address

Jacksonville, Florida 32202

City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael R. Freed

Name

76 South Laura Street, Suite 2110

Florida street address (P.O. Box NOT acceptable)

Jacksonville

FL 32202

City, State and Zip

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.


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

Anthony S. Manna

(Printed or typed name of signee)

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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
2005 MAY 13 PM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA