## L04-00062870

Brenner Kaprosy, LL.P. 50 East Washington Street Chagrin Falls, Ohio 44022-3032						
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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. The name of the lin	nited liability comp	any is: Clear For	rk, L.L.C.		. =· *
			674-9 Fairington Lar	ie	
Aurora, Ohio 4420					
August 23, 2004			L04000062870		
3. Date of filing/regis	tration in Florida	<del></del>	4. Document number	<u> </u>	- <u> </u>
5. The name of the reg Florida Department	gistered agent and the of State: Patrick W. Ma	-	address as shown on th	e records of the	
	2864 Mizzen	Name		SEP-	<u> </u>
	Naples, Flori	Address da 34109 City, State and Z	ip	The second second	1
6. The name and addre	ess of the new regist	tered agent and/or	office:		i. Sees.
	Patrick W. M	ahoney		DE T	
	380 Horse Cr	Name reek Drive	<del></del>	1	
Florida street address (P.O. Box NOT acceptable)					
	Naples	<sub>FL</sub> 3411	0		
		City, State and Zip	)		<del></del>
confirmed that after the and the business office liability company, it is the members of the lift the operating agreement.	te change or change:  of the registered as thereby confirmed to the liability confirmed the limited liab	s are made, the Flo gent will be identic hat the change(s) v any or as otherwise pility company.	ws of the State of Floric rida street address of the al. Or, in the case of a vas/were authorized by provided in the article	e registered office Florida limited	of
(Signature of a member or au	thorized representative of	a member)	Marine and the second s		* * <del></del>
Patrick W. Mahone	y, Manager		, Target 20 ( )		
(Printed or typed name of sig	•	tered agent and ag	ree to act in this canaci	-	2
comply with the provisand I am familial with and I am familial with Chapter 668, F.S. Or, address, Thereby can	fions of all statutes, and accept the oblining this document is firm that the limited	ered tigen that tight relative to the prop igations of my posi being filed to mere liability company i	ree to act in this capaci er and complete perfor tion as registered agen thy reflect a change in t has been notified in wri	iy. I further agree u mance of my duties, t as provided for in he registered office ting of this change.	,
(Signature of Registered Age	ent)				
Div	ision of Corporation	ons, P.O. Box 632	7. Tallahassee, FL 32.	314	

FILING FEE: \$25.00

INHS18(10/99)