107000019664

· (Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Žip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	-

A. LUNT

MAR 1 2 2010

EXAMINER

Office Use Only



500171847925

U3/11/10--01044--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1200 West 15-12. Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:		
Sue Kodkiguez Name of Person			
1200 West 15-12/1/C	2010 MAR 1 1 SECRETAR TALLAHASS		
26555 Richmond Ko	THE PH 4: 17		
Bedford HT= DH 4 City/State and Zip Code	PATE DRIDA		
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, please call:			
Sue Kodkiquez at (_	2/6) 292-2700 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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:	West 15,1/C
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	26555 Richmond Rd. BedFord HTS, OH 44146
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	26555 Lichmond Rd. Bedford HTS, DH 44146
3. Date of filing/registration in Florida	20700019664 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	OT CORPORATION Sys.
Registered Office Address:	1200 South Pine Island K
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Mitton Miller
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	117 TALAVERA Place Pala Beach GARdeno, FL 33418
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the product of the provision of the obligations of my proceedings of the confirmation of the limited liability company. I hereby can firm that the limited liability company.	laws of the State of Florida, it is hereby Florida street address of the registered office itical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.

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