Jeanne 1. Recurred 00002163

ROETZEL & ANDRESS

A LEGAL PROFESSIONAL ASSOCIATION

850 Park Shore Drive · Trianon Centre · Third Floor Naples, Ft 34103

HJH

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Photocopy Certificate of Status O OCT AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Certificate of Status O OCT ASSET ARY OF STATE BY OF STATE ASSET ARY OF STATE ASSET	FILED
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	· ·
	Examiner's Initials	

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 limit	ed liability company is	s:Mobe	rger I, LLC				
2. The mailing address o	f the limited liability c	company is	: _3045 East Fif	fth Aven	iue,		
Columbus, Ohio 43							
10/17/2000	·	-	3400000000				·
3. Date of filing/registrat	ion in Florida	_	M00000000216 4. Document nu				
5. The name of the register Florida Department of	ered agent and the regi	stered offic	ce address as shown	on the rec	cords o	of the	
•	Corporation Se	ryice C	ompany				
	1201 Hays Stree	Name		-			
		Address		- .			
	Tállahassee, Fl				=		
City, State and Zip				ALL ALL	9		
6. The name and address of	of the new registered a	igent and/o	r office:		全治	0CT 18	
	_ Jeanne L. Seewa	1d			ASE SSE	<u></u>	77
Name 850 Park Shore Drive, 3rd Floor					TARY OF STANSSEE, FLO	3 PM 4:	
	Florida street address	s (P.O. Bo	x NOT acceptable)	, -	LON INTE		
	Naples	FL	34103		Smi	34	
_	City, S	State and Z	ip				
If the limited liability com confirmed that after the chand the business office of hability company, it is here the members of the limited the operating agreement of signature of a member of authorizations.	the registered agent with the registered agent with the confirmed that the liability company or a street that the limited liability confirmed that the limited liability confirmed liability liability confirmed liability liabili	ade, the Flill be identic change(s) as otherwise ompany.	orida street address	of the reg	istered	offic	
7	to to a member	.i)					
Robert C. Mobers (Printed or typed name of signee)	;er		_	W 2			
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 to the confirmation of Registered Agent)	ntment as registered as of all statutes relative accept the obligations document is being find the limited liability	gent and ag to the pro s of my pos filed to mer y company	gree to act in this cap per and complete pe lition as registered a ely reflect a change has been notified in	pacity. I f erformanc gent as pi in the reg writing o	further se of m rovided sistered of this c	agre y duti d for i d offic chang	e to es, in ce re.
Division	of Corporations, P.C	O. Box 632	7, Tallahassee, FL	32314			

FILING FEE: \$25.00