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	questor's Name)	
(I CO	questors trame,	
- Bricke	er & Eckl	ler
	NEYS AT L	
100 So	R & ECKLER LLI uth Third Street	
Columbus	Ohio 43215 - 42	91
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Office Use Only



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OFFIC IS BILLIED

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 limite	d liability company is:	Modular So	olid Surfaces Ll	<u>-C</u>			
2. The mailing address of							
Columbus, Ohio 43215		- <u>F</u>					
·	· · · · · · · · · · · · · · · · · · ·						
		M0100000291	·				
3. Date of filing/registrati	on in Florida	4	. Document nun	nber			
5. The name of the registe	red agent and the registe	red office ad	dress as shown o	on the reco	rds of t	the	
Florida Department of S							
	Kriner, Deborah L.			. alla l'é l e			
	5500 Village Blvd., S	Name ite. 200					
		ddress		r	 1		
	West Palm Beach, F			on engage of	1-51	7.0	
6.77	•	tate and Zip			2	04 DEC	
6. The name and address of	of the new registered age	ent and/or off	ice:		<u></u>	57)
	Deborah L. Kriner				F**:		•
	1201 US Highway O	ame ne, Suite 35	60A	<u>क नक</u> '	enger English Hansil	PH 1: 18	
•	Florida street address (P.O. Box NO	OT acceptable)	**		8	
	North Palm Beach	FL 33408			~		
·	City, Sta	te and Zip		147 · • · · · · · · · · · · · · · · · · ·			
If the limited liability com confirmed that after the ch and the business office of liability company, it is here the members of the limited the operating agreement of	ange or changes are mad the registered agent will eby confirmed that the c I liability company or as	le, the Florid be identical. hange(s) was otherwise pr	a street address of	of the regis	tered o	office ed	e of
(Signature of a member or authorize	ed representative of a member)		dd - Na o norm 4 d - yr yfar Allyddi.	. 20./			
James A. Rutledge, Au							
(Printed or typed name of signee)			Brieffe - Talif Germatikan, mari i Baringum a	`. Appen "1"			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. St. if it address, I hereby continu			to act in this can and complete pe n as registered a reflect a change s been notified in		rther of my ovided stered this cl	agree dutie for ir office hange	to is, i
(Signature of Registered Agent)							
Divisio	n of Corporations, P.O	Box 6327,	Fallahassee, FL	32314			

FILING FEE: \$25.00

INHS18(10/99)