(Requestor's Name)					
Bricker & Eckler ATTORNEYS AT LAW BRICKER & ECKLER LLP 100 South Third Street Columbus Ohio 43215 - 4291					
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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 limited liability of	ompany is: _Ideal Bu	siness Properties G	PLLC	<u> </u> •
2. The mailing address of the limited	l liability company is:	100 South Third St	reet	
Columbus, Ohio 43215				_
04/03/2002		M02000000852		
3. Date of filing/registration in Florida		4. Document numb	er	<u>.</u>
5. The name of the registered agent a Florida Department of State: Kriner, D	nd the registered office	address as shown on	the records of the	
5500 Vill	Name age Blvd., Ste. 200			
West Pa	Address Im Beach, Florida 33 City, State and 2			10
6. The name and address of the new r	egistered agent and/or	office:	<u> </u>	
Deborah	L. Kriner		-	J =
1201 US	Highway One, Suite	350A	n	
Florida si	treet address (P.O. Box	NOT acceptable)		
North Pal	m Beach _{FL} 334	08	\$ 17 C	J.
	City, State and Zi	p		
If the limited liability company is not confirmed that after the change or ch and the business office of the register liability company, it is hereby confirr the members of the limited liability of the operating agreement of the limite	anges are made, the Flored agent will be identioned that the change(s) ompany or as otherwise	orida street address of cal. Or, in the case of	`the registered offi Ta Florida limited	
Signature of a member or authorized representa	tive of a member)	werder Met de	Analog o	
James A. Rutledge, Authorized F	Representative		25	
(Printed or typed name of signee)		-		
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608 F.S. Ox, if this docume address, I hereby contain that the line	registered agent and as utes relative to the pro e obligations of my pos ent is being filed to men nited liability company	gree to act in this capa per and complete per sition as registered ag ely reflect a change in has been notified in v	ncity. I further agr formance of my du ent as provided fo n the registered of writing of this char	ree to ities, r in fice nge.
(Signature of Registered Agent)		28 ° navikri	above. *	
Division of Corpo	orations, P.O. Box 632	27, Tallahassee, FL	32314	

FILING FEE: \$25.00

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