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Division of Corporations Public Access System

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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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) AKRON OH 44313 (b) Mailing address of limited liability company:	22 MM 8: 3:3	
(Note: MUST BE STREET ADDRESS) (b) Mailting address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) 1765 MERRIMAN ROAD AKRON OH 44313 02/27/2003 M03000000694 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Agent: CORPORATION SERVICE COMPAN	22 MM 8: 3:3	
(b) Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX) (Note: MAX BE POST OFFICE BOX) 1765 MERRIMAN ROAD AKRON OH 44313 02/27/2003 M03000000694 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Agent: CORPORATION SERVICE COMPAN	22 MM 8: 3:3	
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Date of Hing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Agent: CORPORATION SERVICE COMPAN		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Agent: CORPORATION SERVICE COMPAN	State:	
Registered Office Address: 1201 HAVS STREET	1Y	
Projectored Office Address: 1201 HAVS STREET		
TALLAHASSEE FL 32301 US		_
		-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>C T Corporation System</u>		_
NEW Registered Office Address: 1200 South Pine Island Road (MUST BE FLORIDA STREET ADDRESS)		
Plantation P	_33324	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or or the operating accreement of the limited liability company. Signature of a member of suthorized representative of a member	rea omce imited native vot	¢
Alan W. Sponseller Printed or typed name of signer		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furcomply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as proving the following of the complete position as registered agent as proving the complete to the company has been notified in writing of the company has been notified in writing of the company following the company has been notified in writing of the company has been notified in writing th	her agree f my dutle ided for iv ered office his change	10 3, 3,

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

By: