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DEPARTMENT OF STATE
DIVISION OF COMPORATIONS

DIVISION OF CURPURAL

T. HAMPTON

APR 20 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE : 747054 7826856

COST LIMIT : \$25.00			
	COST LIMIT : \$ 25.00		
ORDER DATE :	April 18, 2011		
ORDER TIME :	12:37 PM		
ORDER NO. :	747054-005		
CUSTOMER NO:	7826856		
CHANGE OF AGENT			

NAME: WESTLAKE, REED, LESKOSKY, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. Name of the limited liability company: WESTL	AKE, REED, LESKOSKY, LLC
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 925 Euclid Ave. #1900 Cleveland, OH 44115 US
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	925 Euclid Ave. #1900 Cleveland, OH 44115 US
04/03/2009	M09000001310
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Corporation Service Company
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized.	the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business the case of a Florida limited liability company, it is zed by an affirmative vote of the members of the limited les of organization or the operating agreement of the TORY OF THE CORP.
Maureen Cathell, Authorized Person (Printed or typed name of signee)	STAI ORAT
comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflection, if this document is being filed to merely reflection from that the limited liability company has been no Corporation Service Company. By:	and agree to act in this capacity. I further agr ee to one proper and complete performance of my duties, and I ition as registered agent as provided for in Chapter 608, ct a change in the registered office address, I hereby tified in writing of this change.
(Signature of Regutered Agen) Sylvia Queppet, Asst. VF	
Invision of Cornorations P()	Roy 6327 Tallahassee FL 32314

FILING FEE: \$25.00