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Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

OXFORD RESOURCES, INC.

Certificate of Status	0
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Mastropia Wheel Manus

COLOR PURCLES

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of s	ections 607.0502,	617.0502, 607.15	'08. or 617.1508	, Florida Statute	<i>3.</i>
		itted for a corpora				
Florida		to change its regist				1e
of Florida.		to orizing a tip i og to				
	a administrations	Oxford Resources, In	uri.			
			•			
2. The principal o	ffice address:_	7858 Industrial Parky	vey, Plain City, OH	43064		+,
3. The mailing ad	dress (if differ	ent):				
4. Date of incorpo	oration/qualific	ation: 7/29/1988	Docum	ment number: M	91763	<u>·</u>
5. The name and a Florida Departs		of the current regist	ered agent and reg	pistered office on	file with the	a 1/
		Davis S	S. Robert			(13)(1)
		1301 N. Rive	rside Drive #12			12 2 O
		Pompano Bes	ф. FL 33062			20 8
6. The name and changed):	street address	of the new registr	ered agent (if cha	nged) and /or re	egistered office (i	
		C : Cospos	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
		c/a C T Corps	oration System	•		
	(P.O. Box or personal muilbox NOT acceptable)					
	1200	South Pine Island Ros	at, Plantation, Florida	33524		
The street address agent, as changed	of its register will be identic	ed office and the st	reet address of th	c business office	of its registered	ļ
Such change was anthorized by the	authorized by board, or the c	resolution duly add	pted by its board in notified in writi	of directors or bing of the change	y an officer so	
1 and	2mgr	Tex 130	oth chief Financia	neial officer	,	
(Signature of an proper, chi		an of the board)	(Panted o	if typed name and inte)		
I hereby accept the I further agree to performance of my registered agent. office address, I he	e appointment comply with the v duties, and I Or, if this doc ereby confirm position system	as registered ager te provisions of all am familiar with a ument is being filed that the corporation	it and agree to ac statutes relative i uid accept the obl i merely to reflect in has been notific	t in this capacity to the proper and igation of my po t a change in the ed in writing of t	! I complete sition as : registered his change.	
Ey: Land	. Poranion bystem	/	. · ·			
	Aire of Registered A	ment .		1.3-04		
if signing on behalf of		P		(Dute)		
- ·	an entity: arol Record			Assa Scoretary		
	d or Printed Name)			(Capacity)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, FL. 32314