Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

A. LUNT EXAMINER PM CORDOVA CROSSING ASSOCIATES, L.L.C.

Certificate of Status	0
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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. Name of the limited liability company: PM	CORDOVA CROSSING ASSOC	iates, L.	<u>c.</u>	
2. (a) Principal office address of limited liability compa	my;			
(Note: MUST BE STREET ADDRESS)	1765 MERRIMAN ROAD AKRON OH 44313	SEUR	<u></u>	
(b) Mailing address of limited liability company:		HASS	UL 22	
(Note: MAY BE POST OFFICE BOX)	1765 MERRIMAN ROAD AKRON OH 44313	1000 1000 1000 1000 1000 1000 1000 100	- <del></del>	
11/19/1997		(1)	<u>ö</u>	C
3. Date of filing/registration in Florida	4. Document number	Ø.E.	63	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of	State:	
Registered Agent:	CORPORATION SERVICE COMPANY			
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525 US			
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	C T Corporation System  1200 South Pine Island Road			
	Plantation	FL	,33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operation agreement of the limited hability company.  Signature of amendment authorized representative of a member	<ul> <li>Florida street address of the entical. Or, in the case of a o(s) was/were authorized by nerwise provided in the artic</li> </ul>	e register Florida li an affirm	red offic imited rative vo	ole .
Alan W. Sponseller				
Printed or typed name of signes  I hereby accept the appointment as registered agent and comply with the provisions of all signifies relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a daress, thereby confirm that the timited liability companies, the hope of the system Megan G. Ware  Signature of Registered Agent Assistant Secretary	d agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in the any has been notified in wri	ty. I furt mance of as provi te registe ting of th	her agre i my dut ided for ired offi is chang	le to les, in ce se.

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

INHS18 (05/08)

By: