3000000170

ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: September 25, 2000

ORDER TIME : 10:11 AM

ORDER NO. : 842160-290

CUSTOMER NO: 7212030

CUSTOMER: Deborah A. Zelei, Legal Asst

1765 Merriman Road

Cedarwood Development, Inc. 300003438713--1

Akron, OH 44313

CHANGE OF AGENT

NAME:

SUNSHINE ASSETS, LTD., AN OHIO

LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

STATEMENT OF CHÂNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions liability company submits t agent, or both, in the State	of sections 608.416 or 608.508, Flo he following statement in order to ch of Florida. SUNSHINE A	SSETS, LTD,. AN OHIO	gned limited or registered
1. The name of the limited	+ TMT (TOTAL T T	ABILITY COMPANY	2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .
2. The mailing address of t	ne limited liability company is: 1765	Merriman Rd., Akron,	ОН 44313
		President of the Control of the Cont	
February 20, 1998	1992	3000000170	***
3. Date of filing/registration	n in Florida 4. I	Document number	· -5°
	ed agent and the registered office addre	ess as shown on the records	of the
	CT Corporation System	<u>n</u>	
	Name	Dond	
	1200 South Pine Island F Address	Road	$\frac{1}{2\pi^2} \left(\frac{1}{2\pi} \right)^{-\frac{1}{2}} = \frac{1}{2\pi} \left(\frac{1}{2\pi} \right)^{-\frac{1}{2}} = \frac{1}{2\pi}$
	Plantation, FL 33324		
	City, State and Zip		· <u>*</u> *
6. The name and address of	f the new registered agent and/or office	e:	: * *
	Corporation Service Comp	pany	
	Name	T	
	1201 Hays Street		
	Florida street address (P.O. Box NO	T acceptable)	E S E
	m 11-leases 'U'	32301	
	Tallahassee FL City, State and Zip		
		,	
confirmed that after the cr and the business office of liability company, it is her the members of the limite the operating agreement of	pany is not organized under the laws or ange or changes are made, the Florida the registered agent will be identical. eby confirmed that the change(s) was/i liability company or as otherwise profit the limited liability company.	Or, in the case of a Florida	Timited mative vote of
Alan W. Spon	seller	en e	ਵਾਦ ਜਾ <u>-</u>
(Printed or typed name of signee) I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ntment as registered agent and agree s of all statutes relative to the proper of d accept the obligations of my position his document is being filed to merely t that the limited liability company has	to act in this capacity. I fur and complete performance as registered agent as pro reflect a change in the regi- been notified in writing of	rther agree to of my duties, wided for in stered office this change.
(Signature of Registered Agent)	Carol K. Dolor, Asst. VP	and the second of the second o	وه را فراه در او در در او در
Divisi	on of Corporations, P.O. Box 6327, T	Callahassee, FL 32314	<u> </u>
TATE (2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	FILING FEE: \$25.0		

INHS18(10/99)