## CORPORATE ACCESS, 236 East oth Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 INC. CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) 700004640897---10/18/01--01009--007 \*\*\*\*\*25.00 \*\*\*\*\*25.00 (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.4 its the following state ite of Florida.	116 or 608.508, Florida Statute ment in order to change its reg	es, the undersigned distered office or reg	limited ३istered
1. The name of the limited liability company is: Capitol Pensacola, LLC				
2. The mailing address of	of the limited liability	company is: 3825 Columbus Rd	SW. BLDG F.	<u> </u>
Granville, Ohio 43023			- 4 -	<u> </u>
08/10/1998		M98000000867		
3. Date of filing/registra	tion in Florida	4. Document nu	mber	
5. The name of the regist Florida Department of	tered agent and the reg	gistered office address as shown	on the records of the	ð
	Corporation Service (	Company		
		Name	_	
	1201 Hays Street	Address	_	5.00
Tallahassee, Florida 32301-2525				
		y, State and Zip	<del>-</del>	
6. The name and address	of the new registered	agent and/or office:		
	NRAI Services, Inc.		SE S	⊇
		Name		9 ,
	526 E. Park Avenue			
	Florida street addre	ess (P.O. Box <b>NOT</b> acceptable)		Some and the same
	Tallahassee	FL 32301		The state of the s
	City,	State and Zip	10 P	
and the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are fithe registered agent was the confirmed that the diability company of the limited liability	d under the laws of the State of I made, the Florida street address will be identical. Or, in the case the change(s) was/were authorize r as otherwise provided in the arcompany.	of the registered off of a Florida limited d by an affirmative	vote of
	ear	<u> </u>	. م	
(Signature of a member or author	_	iber)		
KONALD L. MA.	LCOU		<u>-</u>	, <del></del> .
(Printed or typed name of signee)			,	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NFAI Services Acc. (Signature of Registered Agent)	intment as registered is of all statutes relation of all statutes relation discount is being that the limited liabiles.	agent and agree to act in this ca ve to the proper and complete p ms of my position as registered of g filed to merely reflect a change lity company has been notified in	pacity. I further agi erformance of my di agent as provided fo in the registered of n writing of this char	ree to uties, r in fice uge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**