M98000001191

(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
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Certified Coples	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		1

Office Use Only



700037961777



ACCOUNT NO. : 072100000032

REFERENCE :

705158

7402767

AUTHORIZATION .

COST LIMIT

\$ 25.00

ORDER DATE: June 1, 2004

ORDER TIME : 11:05 AM

ORDER NO. : 705158-040

CUSTOMER NO: 7402767

CUSTOMER: Ms. Melissa Precht

Sarcom, Inc.

8337 Green Meadows Drive North

Lewis Center, OH 43035

CHANGE OF AGENT

NAME: OHIO TECHNOLOGY FINANCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. The name of the limite	d liability company is	: OHIO TECH	NOLOGY FINANCE,	LLC .	
2. The mailing address of	f the limited liability of	company is :			
8337-A Green Meado	ows Drive, N., Lew	is Center,	он 43035		
October 16, 1998			м98000001191		
3. Date of filing/registrat	ion in Florida	. <u></u> .	4. Document num	ber	
5. The name of the register Florida Department of	State:			TASE OF	
	C T Cor	poration Sy	ystem	JUN 22 LAHASS	
		Name		# N	
1200 South Pine Island Road					
	_	Address		而是事	
Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office:					
	City	, State and Zi	p	OF F	
6. The name and address of	of the new registered	agent and/or o	office:	ER O	
	Corporation	on Service	Company		
		Name			
	1201	Hays Street			
	Florida street addre	ss (P.O. Box]	NOT acceptable)	, ,	
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the cleand the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are rethe registered agent we be confirmed that the disability company or	nade, the Flor vill be identic: e change(s) w as otherwise	rida street address o	of the registered office	
(Signature of a member or authori	zed representative of a memi	ber)			
Louis J. Giaccardo, I (Printed or typed name of signee) I hereby accept the appoi	ntment as registered i	agent and agr	ee to act in this can	nacity I further garee to	
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if tadfress, I hereby confirm	s of all statutes relative description of all statutes relative description in the limited liability of the liabili	ve to the prop ns of my posit filed to mere ity company h	er and complete per ion as registered a ly reflect a change as been notified in	gent as reference of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	Cacqueline M. Gile	s, Assista	nt Vice Preside	nt	
11 17	n of Corporations, P				

INHS18(10/99)

FILING FEE: \$25.00