

N06000008643

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 6/15/09

REGISTERED AGENT CHANGE

ZIMS FOUNDATION, INC.

Certificate of Status	0
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Page Count	023
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ZIMS FOUNDATION, INC.
2. The principal office address: C/O MAI; 1360 E 9TH ST SUITE 1100 CLEVELAND OH 44114
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/15/2006 Document number: N06000008643

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

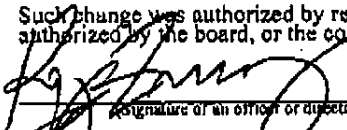
A.G.C. CO
200 S ORANGE AVE, STE 2300
ORLANDO FL 32801 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

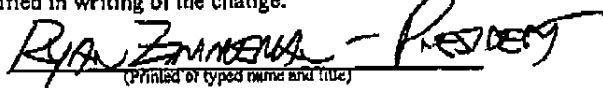
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)



(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 

(Signature of Registered Agent)

6/11/09

(Date)

If signing on behalf of an entity:
Barbara A. Burke
Special Assistant Secretary

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (8/05)

FILED
09 JUN 15 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA