## P0100010859

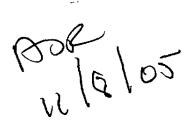
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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400060998534







ACCOUNT I	NO. : 072100000032		
REFERE	NCE : 684867 7500558		
AUTHORIZAT	ION: Lawa R. Dung		
	MIT : \$ 35.00		
ORDER DATE : November 2, 2	2005		
ORDER TIME : 10:12 AM			
ORDER NO. : 684867-340			
CUSTOMER NO: 7500558			
	· · · · · · · · · · · · · · · · · · ·		
CHANGE OF AGENT			
NAME: CROSSROADS	5 5 & 6 CORPORATION		
PLEASE RETURN THE FOLLOWING	G AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Amanda Had	ldan EXT# 2955		
	EXAMINER:		

## `STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607. ange is submitted for a corporation organized un er to change its registered office or registered ag	der the laws of the State of Florida
1. The name of t	the corporation: CROSSROADS 5 & 6 CORPOR	ATION
	office address: 100 E. Rivercenter Blvd., Suite 1	
3. The mailing a	address (if different): P.O. Box 75020, Cincinnati,	OH 45275
4. Date of incorp	poration/qualification: January 29, 2001 D	ocument number: P01000010859
	d street address of the current registered agent and rtment of State:	d registered office on file with the
	Christopher C. Brockman	1A 38 0
	200 South Orange Avenue, Suite 2600	CCRET
	Orlando, FL 32801	FIL NOV -8 RETARY O AHASSEE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Corporation Service Company	08 08
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the street address be identical.	of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its he board, or the corporation has been notified in	board of directors or by an officer so a writing of the change.
Mu. (Signatur	Maurare of an othicer or director)	een Cullen, Attorney In Fact (Printed or typed name and title)
I hereby accept if further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes rel ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regist s been notified in writing of this change.	
By: Corporation (Sign	MULL KILAMNUY  gnature of Registered Agent)	Nov. 1 2005
	half of an entity:	
Michelle R. Vann	noy, Asst. Vice President	
(T)	Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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