

P18697

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

L.M. BERRY AND COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
07 APR -2 AM 8:00
DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

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TS R20
4/2/07

**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L. M. Berry and Company
2. The principal office address: 3170 Kettering Blvd.
Dayton, OH 45439
3. The mailing address (if different): P.O. Box 6000
Dayton, OH 45401-6000
4. Date of incorporation/qualification: 4/5/1988 Document number: P18697
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Prentice-Hall Corporation System, Inc.

1201 Hayes St.

Tallahassee, FL 32301

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

C T Corporation System

1200 South Pine Island

(P.O. Box NOT acceptable)

Plantation, FL 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.

Donna Bell
(Signature of an officer or director)

Donna Bell - Asst. Sec.
(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.

John J. Linnihan
(Signature of Registered Agent)

3-30-07
(Date)

If signing on behalf of an entity:

John J. Linnihan - Asst. V.P.
(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

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