

Division of Corporations

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**P27842**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ROETZEL & ANDRESS  
Account Number : I20000000121  
Phone : (239) 649-6200  
Fax Number : (239) 261-3659

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lfowler@ralaw.com

**REGISTERED AGENT CHANGE**

**ROETZEL AND ANDRESS, A LEGAL PROFESSIONAL ASSOCIATIO**

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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 OHIO  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

ROETZEL AND ADDRESS, A LEGAL PROFESSIONAL ASSOCIATION,  
1. The name of the corporation: INCORPORATED

2. The principal office address: 222 S MAIN ST, AKRON OH 44308

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/23/1990 Document number: P27842

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

NEIL C. GREGORY

850 PARK SHORE DRIVE, 3RD FL

NAPLES, FL 34103

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

STEVEN I. WINER

2320 FIRST STREET

P.O. Box NOT acceptable

FORT MYERS, FL 33901

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

STEVEN I. WINER, ASST. SECY.  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

8/12/10  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Steven I. Winer  
\_\_\_\_\_  
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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