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TO:

Division of Corporations Fax Number : (850)205-0380

From:

Account Name: C T CORPORATION SYSTEMAccount Number: FCA000000023Phone: (850)222-1092Fax Number: (850)222-9428

REGISTERED AGENT CHANGE

J-TEC, INC. OF OHIO



Certificate of Status	0
Certified Copy	0
Page Count	02
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. the undersigned corporation organized under the laws of the State of \underline{OKia} 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 corporation : J-Tec, Inc. of Chio

2. The mailing address of the corporation : P.O. Box 477, Greenville, OH 45331-0477

3. Date of incorporation/qualification: 05/23/1991

Document number: P34066

4. The name and address of the current registered agent and office:

NRAI Services, Inc.

526 East Park Avenue

Tallahassee, Florida 32301

FILED OF JUN -6 PH 2:06 5. The name and address of the new registered agent (if changed) and/or registered office (if changed (P. O. Box Not Acceptable)

C T Corporation System

elo C T Corporation System, 1200 South Pine Island Road,

Planution, 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 official authorized by the board. icer so

Jina	W YY	1º Knight	

(Signature of an officer, chairman or vise chairman of the board)

(Datc)

Ting D. McKnight, Secretary

(Printed or typod name and title)

Having been named as re	rgister e d agent and to a	accept service of process for a	the above stated
corporation, I hereby acc	ept the appointment as	registered agent and agree	to act in this capacity.
I further agree to comply	with the provisions of	ali statutes relative to the pro	oper and complete
performance of my duities	r . and I am familiar wit	h and accept the obligation c	T my position as
registered agent.			
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Scot Ferraro

By:

(Typed or Printed Name)

Assistant Secretary (Canacity)

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

Signature of R

P.O. Box 6327