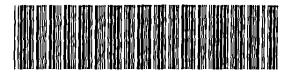
## P36467

| (Re                       | questor's Name)   |           |  |
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| (Add                      | dress)            |           |  |
| (Cit                      | y/State/Zip/Phone | e #)      |  |
| PICK-UP                   | ☐ WAIT            | MAIL MAIL |  |
| (Bus                      | siness Entity Nan | ne)       |  |
| (Document Number)         |                   |           |  |
| Certified Copies          | Certificates      | of Status |  |
| Special Instructions to F | iling Officer:    |           |  |
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Office Use Only



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## **FILING REQUEST**

July 8, 2005

## FLORIDA SECRETARY OF STATE

Type of Filing: CHANGE OF REGISTERED AGENT

Subject(s): SELMAN & COMPANY, INC.

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s): NONE

Check Enclosed: CHECK #19710 FOR \$35.00

Return Via: REGULAR MAIL

Filing Method: ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions. Thank you!

Jackie Sorman

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

| change is submitted for a co                               | of sections 607.0502, 617.0502, 60<br>orporation organized under the law<br>ce or registered agent, or both, in t                                     |   | his statement of<br>in order |        |
|--|---|---|------------------------------|--------|
| 1. The name of the corporat                                | ion: Selman & Company   |   |                              |        |
|  | ess: 6110 Parkland Blvd, Clevel   | land, OH 44124  |                              |        |
| 3. The mailing address (if d                               | ifferent):  |   |                              |        |
| 4. Date of incorporation/qua                               | alification: 11/25/1991   | Document number: P36467   |                              |        |
| 5. The name and street addr<br>Florida Department of St    |   | and registered office on file with the  | <b>F</b> 0                   |        |
| CT Corpo   | CT Corporation System   |   | )5 J                         |        |
| 1200 Sou   | 1200 South Pine Island Rd.  |   | HAS                          | =      |
| Plantatio  | n, FL 33324   |   | 2 A                          | ш<br>; |
| 6. The name and street addr (if changed):                  | ess of the new registered agent (if   | changed) and /or registered office  | 8: 31<br>STATE<br>FLORID     | O      |
| NRAI   | Services, Inc.  |   | ≯                            |        |
| 2731   | Executive Park Drive, Suite 4   |   |                              |        |
|  | (P.O Box or personal mailbo   | x NOT acceptable)   |                              |        |
| Westo  | n, FL 33331   |   |                              |        |
| The street address of its rechanged will be identical.     | gistered office and the street addr   | ress of the business office of its register   | ed agent, as                 |        |
| Such change was authorize<br>the board, or the corporation | ed by resolution duly adopted by on has been notified in writing of   | its board of directors or by an officer so<br>the change.   | o authorized by              |        |
| (Signature of an   | officer of director)  | Richard W. Cyr, Executive Vice<br>(Printed or typed name and tit  | President                    |        |
|  | tment as registered agent and ag<br>with the provisions of all statutes<br>with and accept the obligation of i<br>at a change in the registered offic | ree to act in this capacity<br>relative to the proper and complete per<br>my position as registered agent. Or, if<br>e address, I hereby confirm that the con |                              |        |
| by:  | Z. 211  | 7/8/2005  |                              |        |
| · .  | egistered Agent)  | // (Date)   |                              |        |
| If signing on behalf of an e                               | entity:   |   |                              |        |
| Jackie Sorman  |   | Assistant Secretary   |                              |        |
| (Typed or Pri  | nted Name)  | (Capacity)  |                              |        |

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