94000044516



ACCOUNT NO. : 072100000032

REFERENCE : 428159

4312244

AUTHORIZATION

COST LIMIT

800004539678--7

ORDER DATE: August 16, 2001

ORDER TIME : 9:40 AM

ORDER NO. : 428159-005

CUSTOMER NO: 4312244

CUSTOMER:

John M. Garmhausen, Esq Faulkner Garmhausen Keister

Suite 300

100 S. Main Avenue Sidney, OH 45365

CHANGE OF AGENT

NAME: PHASE XV, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

08-17-01 CC

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 the undersigned corporation organized under the laws of the State ofF	
submits the following statement in order to change its registered office or	
the State of Florida.	
1. The name of the corporation: Phase XV, Inc.	
2. The mailing address of the corporation: 267 Colonade Circle	
Naples, Florida 3410	3
3. Date of incorporation/qualification: 6/14/1999 Document r	umber: <u>P 94000044516</u>
4. The name and address of the current registered agent and office:	20 TAL
George K. Bou-Sliman	CR A
237 Colonade Circle	AUG I
Naples, Florida 34103	7 A
5. The name and address of the new registered agent (if changed) and/or reg (P. O. Box Not Acceptable)	istered office (if changes):
Corporation Service Company	20 A
1201 Hays Street	 -
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the busi agent, as changed, will be identical.	ness office of its registered
Such change was authorized by resolution duly adopted by its board of dirauthorized by the board.	ectors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	8.13.01
(Signature of an officer, chairman of vice chairman of the board)	(Date)
Thomas E. Shoemaker, Treasurer (Printed or typed name and title)	
Having been named as registered agent and to accept service of process f corporation, I hereby accept the appointment as registered agent and agr. I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation registered-agent.	or the above stated se to act in this capacity. proper and complete n of my position as
1/,04	/2001
(Signature of Registered Agent) (Dat	7 2001 e)
If signing on behalf of an entity:	
	tes, Asst. Vice Pres.
(Typed or Printed Name) (C	Capacity)
* * * FILING FEE: \$35.00 * * *	
CR2E045(9/00)	

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS