P95000005845



ACCOUNT NO. : 072100000032 REFERENCE : 393448 7175421 AUTHORIZATION : 072100000032 COST LIMIT : \$ 35.00	SECRETARISSEE, FLORIDA
)04521864-
CUSTOMER NO: 7175421 CUSTOMER: Ms. Nicolle Donald The Brisben Companies 7800 East Kemper Road Cincinnati, OH 45249	RECEI DEPARTMENT DIVISION OF CO 2001 AUG -6 NO) HTE TO ACKNOW SUFFICIENCY
CHANGE OF AGENT NAME: CORNERSTONE PARTNERS 36, INC.	OF STATE OF STATE PM 3: 57 PM 3: 57 LEDGE LEDGE OF FILING
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Ellyn Herndon EXT# 1145	1-01 1-C

•	following statement in	a order to change its regi	ne State of <u>Florida</u> stered office or registered age	ent, or both, in
e State of I The name		CORNERSTONE PARTNERS	36. INC.	
The name	of the corporation	COMMINGTONE PROTECTIONS	70, INC.	
			 -	
The mailing	ng address of the corp	oration: 7800 East Kem	per Road, Cincinnati Ohio	45249
Date of in	corporation/qualifica	tion: 01/23/1995	Document number: P9500	00505845 S
The name	and address of the cu	rrent registered agent and	office:	
	C T Corporation	Svstem		ASSET ASSET 6
		_ -		HOT.
	1200 South Pine	Island Road	***************************************	EST
	Plantation, FL 3			
The name	and address of the ne		nged) and/or registered office	(if changed):
		(P. O. Box Not Accept	ptable)	
	Corporation Serv	ice Company	· .	
	1201 Hays Street			
	Tallahassee, Flo	rida 32301		
ent, as cha	inged, will be identicated	al.	dress of the business office of	ns registered
ch change	was authorized by rey the board.	esolution duly adopted by	y its board of directors or by a	n officer so
monzed b	y the board. $\mathcal{O}_{\mathbf{j}}$		Mal	121
(Signat	ure of an officer, chairman	or vice chairman of the board)	(Date)	101
` 2	,	,	(= ,	
eph A Fai	sant, Assistant Sec (Printed or typed r			-
win a hoon	•	•	sice of process for the above s	stated
rporation, urther agr rformance sistered as	I hereby accept the a ee to comply with the of my duties, and I a	agen that to decept servi provisions of all statute, im familiar with and acco	vice of process for the above s d agent and agree to act in thi s relative to the proper and co ept the obligation of my positi	is capacity. Implete In as
	Δn_{-} in of		^	,
ſ	ellerah W. Sk	Agent)	9-3-0 ((Date)	<u></u>
Û	(Signature of Registered A		•	
U	thalf of an entity	Dehorah D. Skinna	\ r	
signing on be	chalf of an entity:	Deborah D. Skippe Asst. Secretary	er e e e e e e e e e e e e e e e e e e	

CR2E045(9/00)