

# V01850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 700234650507

06/04/12--01005--020 \*\*35.00

FILED  
12 JUN -4 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA change*

JUN 15 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tom Richards, Inc., dba: Process Technology  
Name of Corporation

**DOCUMENT NUMBER:** V01850

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie N. Thomas

Name of Contact Person

Process Technology

Firm/Company

7010 Lindsay Drive

Address

Mentor, OH 44060

City/State and Zip Code

lthomas@process-technology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie N. Thomas

Name of Contact Person

at ( 440 ) 974-1300

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: Tom Richards, Inc.
2. The principal office address: 7010 Lindsay Drive, Mentor, OH 44060
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/23/1991 Document number: V01850
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)

Tom Richards

1047 Royal Troon

Tarpon Springs, FL 34688

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

Susan M. Richards

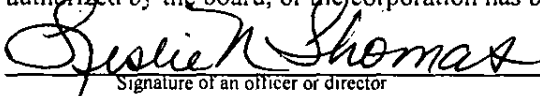
1047 Royal Troon

P.O. Box NOT acceptable

Tarpon Springs, FL 34688

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

Leslie N. Thomas, VP Finance

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

June 1, 2012

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

**FILED**  
12 JUN -4 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA