

F07000001390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

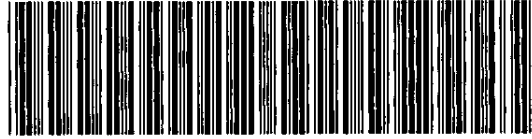
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 22 11:11

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C McNAIR



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

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10 FEB 22 2016

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 18, 2016

Order#: 975293/005

Re: CAPITAL RECOVERY SYSTEMS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

1. The name of the corporation: CAPITAL RECOVERY SYSTEMS, INC.
2. The principal office address: 750 Cross Pointe Road, Suite S, Gahanna, OH 43230
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/09/2007 Document number: F07000001390

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)

Nick Fante  
1600 Farmington Avenue  
Gahanna, OH 33414

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

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301  
P.O. Box NOT acceptable

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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.

 Craig Klein President  
Signature of an officer or director 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.*  
**Corporation Service Company**

By:  02/18/2016  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Sylvia Queppet, Asst. Vice President  
Typed or Printed Name

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