

11/06/2002

DOCUMENT ID 200231001788

DESCRIPTION DOMESTIC AGENT ADDRESS CHANGE (AGA)

PENALTY

CERT

COPY

Receipt This is not a bill. Please do not remit payment.

VISIONS AND OPPORTUNITIES INC PO BOX 24035 CINCINNATI, OH 45224

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1217685

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

VISIONS AND OPPORTUNITIES, INC: COMMUNITIES FOR SENIORS WHO ARE BLIND

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

200231001788

DOMESTIC AGENT ADDRESS CHANGE

United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of November, A.D. 2002.

Cuneth Cachinell

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453) Expedite this Form: (Select One) Mar Fem Come of the Processor. PO Box 1390 O Yes Columbus, OH 43216 an additional fee of \$190 *** PO Box 788 ® No

the Statutory agent for,

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Columbus, OH 43216 www.state.oh.us/sos e-mail: busserv@sos.state.oh.us 邕 STATUTORY AGENT UPDATE 3 (For Domestic or Foreign, Profit or Non-Profit) ራ Filing Fee \$25.00 THE UNDERSIGNED DESIRING TO FILE A: (CHECK ONLY ONE (1) BOX) (3) Resignation of Agent (2) Change of Address of an Agent (1) Subsequent Appointment of Agent ☐ Corp □ LP (155-AGR) □ LP (145-AGA) Corp LP (165-AGS) **™** Corp ☐ LLC (153-LAG) LLC (144-LAD) ☐ LLC (171-LSA) Complete ALL of the general information in this section for the box checked above. Visions + Opportunities, INC .: Communities FOR SENIORS WHO ARE LEGALLY BLIND Name of Entity Charter or 1217685 Registration No. CYNTHIA JACKSON- CLEHN Name of Current Agent Complete the information in this section if box (1) is checked. Name and Address of (Name) New Agent NOTE: P.O. Box Addresses are NOT acceptable. (Street) Ohio (Zip Code) (State) (County) (City) ACCEPTANCE OF APPOINTMENT , named herein as The Undersigned,

* If the entity listed is a foreign corporation, the agent does not have to sign the Acceptance of Appointment

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accepts the appointment of statutory agent for said entity

1 ast Revised: May 2002

,hereby acknowledges and

(Statutory Agent)

Complete the information in this section if box (2) is checked.				
Old Address of Agent	(3) 2359 WAL (Street) NOTE: P.K	JEN GLE D. Box Addresses are	N CIRC	<u>Le</u>
	CINCINHAT (CHY)	Ohio (State)	4523 (Zip Code)	1
New Address of Agent	(Street) NOTE: P.O. Box Addresses are NOT acceptable.			
	CINCINNATI (City)	Ohio (State)	<u> </u>	3.
Complete the information in this section if	box (3) is checked.	Γ		
is this agent resigning?	Yes	□ No		
Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date	(Street) NOTE: P.0). Box Addresses are	NOT acceptable.	
of filing or prior to the date filed	(City)	(State)	(Zip Code)	
REQUIRED				
Must be authenticated (signed) by an authorized representative	Cynthia J. Glan			10/29/02
(See Instructions)	Authorized Representative			Date

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