



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/30/2007	200724101880	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

LEOPOLD, WILDENHAUS & SAHLOFF
321 E. MAIN ST.
P.O. BOX 303
OTTAWA, OH 45875

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

474422

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

POHLMAN FARMS, INC.

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200724101880



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 29th day of August, A.D.
2007.

Ohio Secretary of State



Prescribed by :

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$600 ***	
<input checked="" type="radio"/> No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGS) <input type="checkbox"/> LLC (171-LSA)	(2) Change of Address of an Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	(3) Resignation of Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity POHLMAN FARMS, INC.

Charter or Registration No. 474422

Name of Current Agent ROBERT M. POHLMAN

Complete the information in this section if box (1) is checked.

Name and Address of New Agent DAVID POHLMAN
 (Name)
4760 REDD RD.
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

DELPHOS ALLEN Ohio 45833
 (City) (County) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, DAVID POHLMAN, named herein as
 the Statutory agent for, POHLMAN FARMS, INC., hereby acknowledges and
 accepts the appointment of statutory agent for said entity.

Signature:

(Statutory Agent)

DAVID POHLMAN

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

Complete the information in this section if box (2) is checked.

Old Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Ohio

(City)

(State)

(Zip Code)

New Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Ohio

(City)

(State)

(Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning?

☐ Yes☐ NoCurrent or last known address
of the entity's principal office
where a copy of this Resignation
of Agent was sent as of the date
of filing or prior to the date filed

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIREDMust be authenticated (signed) by an
authorized representative
(See Instructions)

Authorized Representative

DAVID POHLMAN

8-22-07

Date