

DATE: 02/01/2008 DOCUMENT ID 200803102506

DESCRIPTION DOMESTIC AGENT ADDRESS CHANGE (AGA)

FILING 25.00 EXPED

PENALTY .00 CERT .00 COPY

Receipt

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

COSME, D'ANGELO & SZOLLOSI 202 N. ERIE ST. TOLEDO, OH 43604

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

820599

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

OLD CENTRAL, INC.

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

Document(s)

Document No(s):

DOMESTIC AGENT ADDRESS CHANGE

200803102506



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 25th day of January, A.D. 2008.

Ohio Secretary of State



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

Expedite t	his Form: (Select One)				
Maria angri	March angree was a state of the				
○ Yes	PO Box 1390				
∪ res	Columbus, OH 43216				
*** Requir	es an additional fee of \$100 ***				
<u> </u>	PO Box 788				
● No	Columbus, OH 43216				

STATUTORY AGENT UPDATE

Prescribed by:

(For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00

THE UNDERSIGNED DES	SIRING TO FILE	Ē A :			**************************************		
(CHECK ONLY ONE (1)	BOX)				e en per		
(1) Subsequent Appointme Corp LP (16			Address of an Agent LP (145-AGA) 4-LAD)	(3) Resignation of Agent Corp LP LLC (153-LAG)	(155-AGR)		
Complete <u>ALL</u> of the gene	eral information	in this section fo	r the box checked abo	ve.			
Name of Entity	Old Central, Inc	o					
Charter or Registration No.	820599			_			
Name of Current Agent	Keila D. Cosme	9					
Complete the information	in this section if	box (1) is check	ed.				
Name and Address of New Agent		(Name)		*16.1			
		(Street) NOTE: P.O. Box Addresses are NOT acceptable.					
		, , , , , , , , , , , , , , , , , , ,					
		City	(County)	Ohio (State)	(Zip Code)		
		ACCEPTANCE	OF APPOINTMENT				
The Undersigned,				, na	med herein as		
the Statutory agent for, accepts the appointment o	of statutory ager	nt for said entity.		,hereby acknow	edges and		
		Signature:					
			(Statutory	Agent)			
					1		
* If the entity listed is an O	hio Domestic, th	ne agent must sig	gn the Acceptance of	f Appointment			
* If the entity listed is an O	Phio Domestic, th	ne agent must si	gn the Acceptance o	f Appointment			
* If the entity listed is an O	Phio Domestic, th	ne agent must sig	gn the <u>Acceptance o</u>	<u>of Appointment</u>			
* If the entity listed is an O	Phio Domestic, th	ne agent must si	gn the <u>Acceptance o</u>	<u>of Appointment</u>			
* If the entity listed is an C	thio Domestic, th	ne agent must sig	gn the <u>Acceptance o</u>	<u>of Appointment</u>			

Old Address of Agent 2658 W Laskey Road (Street) NOTE: P.O. Box Addresses are NOT acceptable.	Complete the information in this section	if box (2) is checked.				
Complete the information in this section if box (3) is checked.	Old Address of Agent	2658 W Laskey Ro	oad			
New Address of Agent City State Cip Code	•					
New Address of Agent City State Cip Code		Toledo	Ohio	43613		
(Street) NOTE: P.O. Box Addresses are NOT acceptable. Toledo (City) State) 43604 (Zip Code) Complete the information in this section if box (3) is checked. Is this agent resigning?		(City)				
(Street) NOTE: P.O. Box Addresses are NOT acceptable. Toledo (City) State) 43604 (Zip Code) Complete the information in this section if box (3) is checked. Is this agent resigning?	New Address of Agent	202 N Erie Street				
Complete the information in this section if box (3) is checked. Is this agent resigning? Yes No Current or last known address of the entity's principal office (Street) NOTE: P.O. Box Addresses are NOT acceptable. where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008						
Complete the information in this section if box (3) is checked. Is this agent resigning? Yes No Current or last known address of the entity's principal office (Street) NOTE: P.O. Box Addresses are NOT acceptable. where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008		Toledo	Ohio	43604		
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 of filing or prior to the date filed REQUIRED Must be authenticated (signed) by an authorized representative ANOTE: P.O. Box Addresses are NOT acceptable. (City) (Street) NOTE: P.O. Box Addresses are NOT acceptable. (City) (State) (Zip Code)						
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 of filing or prior to the date filed REQUIRED Must be authenticated (signed) by an authorized representative ANOTE: P.O. Box Addresses are NOT acceptable. (City) (Street) NOTE: P.O. Box Addresses are NOT acceptable. (City) (State) (Zip Code) January 18, 2008	, , , , , , , , , , , , , , , , , , ,					
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 of filling or prior to the date filed REQUIRED Must be authenticated (signed) by an authorized representative Yes						
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 of filling or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008	Complete the information in this section	if box (3) is checked.		-		
of the entity's principal office (Street) NOTE: P.O. Box Addresses are NOT acceptable. where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008	ls this agent resigning?	Yes	☐ No			
of the entity's principal office (Street) NOTE: P.O. Box Addresses are NOT acceptable. where a copy of this Resignation of Agent was sent as of the date of filling or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008	Current or last known address					
Of Agent was sent as of the date of filing or prior to the date filed (City) (State) (Zip Code) REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008	of the entity's principal office	(Street) NC	OTE: P.O. Box Addresses a	re NOT acceptable.		
REQUIRED Must be authenticated (signed) by an authorized representative REQUIRED January 18, 2008						
REQUIRED Must be authenticated (signed) by an authorized representative January 18, 2008		(City)	(State)	(Zip Code)		
Must be authenticated (signed) by an authorized representative January 18, 2008						
	Must be authenticated (signed) by an authorized representative	Man Authorize	7 Home Presentative			