



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/19/2008	200807802774	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

**Receipt**

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

SPECTRUM OF SUPPORTIVE SERVICES  
2900 DETROIT AVE  
3RD FLOOR  
CLEVELAND, OH 44113

# STATE OF OHIO

## CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

400771

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

**SPECTRUM OF SUPPORTIVE SERVICES**

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

Document(s)  
**DOMESTIC AGENT ADDRESS CHANGE**

Document No(s):  
**200807802774**



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 13th day of March, A.D.  
2008.

Ohio Secretary of State



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

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

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<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)**

<b>(1) Subsequent Appointment of Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	<b>(2) Change of Address of an Agent</b> <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	<b>(3) Resignation of Agent</b> <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 Spectrum of Supportive Services

Charter or Registration No. 400771

Name of Current Agent Stephen S. Morse

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

Name and Address of New Agent

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) \_\_\_\_\_ (County) \_\_\_\_\_ **Ohio** (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, \_\_\_\_\_, named herein as  
the Statutory agent for, \_\_\_\_\_, hereby acknowledges and  
accepts the appointment of statutory agent for said entity.

Signature: \_\_\_\_\_  
(Statutory Agent)

\* If the entity listed is an Ohio Domestic, the agent must sign the **Acceptance of Appointment**

