



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/09/2008	200815802236	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

HAYDENS CROSSING SOUTH MASTER ASSOCIATION
4138 N KEYSTONE AVE
INDIANAPOLIS, OH 46205

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1597032

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

HAYDENS CROSSING SOUTH MASTER ASSOCIATION

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200815802236



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 6th day of June, 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)

Expedite this Form: (Select One)**Mail Form to one of the following:**

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☒ 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**

☒ Corp ☐ LP (165-AGS)
☐ LLC (171-LSA)

(2) Change of Address of an Agent

☐ Corp ☐ LP (145-AGA)
☐ LLC (144-LAD)

(3) Resignation of Agent

☐ Corp ☐ LP (155-AGR)
☐ LLC (153-LAG)

Complete ALL of the general information in this section for the box checked above.Name of Entity HAYDENS CROSSING SOUTH MASTER ASSOCIATIONCharter or
Registration No.1597032Name of Current Agent CALVIN T JOHNSON JR**Complete the information in this section if box (1) is checked.**Name and Address of
New AgentOMNI MANAGEMENT SERVICES INC

(Name)

4900 TUTTLE CROSSING BLVD

(Street)

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

DUBLIN

(City)

FRANKLIN

(County)

Ohio

(State)

43016

(Zip Code)

ACCEPTANCE OF APPOINTMENTThe Undersigned, TIMOTHY LOEHR, named herein asthe Statutory agent for, HAYDENS CROSSING SOUTH MASTER ASSOCIATION, hereby acknowledges and accepts the appointment of statutory agent for said entity.Signature: *Timothy Loehr*

(Statutory Agent)

* If the entity listed is an Ohio Domestic, the agent must 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.

(City)

(State)

(Zip Code)

New Address of Agent

(Street)

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

(City)

Ohio
(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

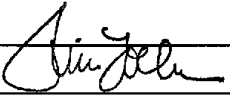
(Street)

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

(City)

(State)

(Zip Code)

REQUIREDMust be authenticated (signed) by an
authorized representative
(See Instructions)
Authorized Representative5/7/08
Date