

DATE: 10/01/2012 DOCUMENT ID 201227201094

DESCRIPTION AGENT RESIGNATION (AGR) FILING

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BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP ATTN: TIMOTHY J. MCELDOWNEY 3800 EMBASSY PKWY STE 300 AKRON, OH 44333

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

842090

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

JHG, INC.

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

Document(s):

Document No(s):

AGENT RESIGNATION

201227201094



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 27th day of September, A.D. 2012.

Ohio Secretary of State

From: 330 Page: 20/28 Date: 9/27/2012 11:43:10 AM



Form 521 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryo/State.gov
Busserv@OhioSecretaryo/State.gov

Mall this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

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Statutory Agent Update Filing Fee: \$25

(CHECK ONLY ONE(1) BOX) (1) Subsequent Appointment of Agent Corp (165-AGS) LP (165-AGS) LLC (171-LSA) Business Trust (171-LSA)

Mailing Address

City

(2) Change of Address of an Agent
Corp (145-AGA)
☐ LP (145-AGA)
LLC (144-LAD)
☐ Business Trust (144-LAD)

(3) Resigi ⊠	nation of Agent Corp (155-AGR)
	LP (155-AGR)
	LLC (153-LAG)
	Partnership (153-AGR)
	Business Trust (153-LAG)
_	• •

Name of Entity [J H G, Inc.	
Charter, License	or Registration No. 842090	
Name of Current	Agent BDB Agent Co.	
Complete the Info	rmation in this section if box (1) is checked	2012
Name and Address of New Agent	Name of Agent	SEP 27
		7.

Form 521

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Last Revised: 2/6/12

Zip Code

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Ohio

State

	From: 330 Pag	e: 21/28	:43:10 AM
Complete the Info	rmation in this section if box (1) is checked and business	is an Ohio entity
	ACCEPTANCE OF APPOI	NTMENT FOR DOMESTIC EN	NTITY'S AGENT
The Undersigned,	Name of Agent		, named herein as the
statutory agent for	Name of Business Entity		, hereby acknowledges
and accepts the app	pointment of statutory agent for	saìd entity.	
	Si	gnature:	
		Individual Agent's Signal	ture/Signature on behalf of Corporate Age
□ If a	n agent is an individual using Ohio resident.	a P.O. Box, the agent must	check this box to confirm that the agen
Complete the info	rmation in this section if box (2) is checked	
New Address of Ag	Mailing Address City	a P.O. Box, the agent must	Ohio State Zip Code check this box to confirm that the agen
	Ohio resident.	ario, box, alo agoli, maci	
Complete the info	rmation in this section if box (3) is checked	
·	I for the entity identified on page vn address of the entity's princip r to the date filed.		Resignation of Agent was sent as of the
c/o Josh Mailing A	Greene, 154 E. Aurora Road Address		
Sagamo City	re Hills	Ohio State	44067 Zip Code
Oity		State	Zip VVVV

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Last Revised: 2/6/12

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requisite authority to execute thi	orm to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the document.
Required Agent update must be signed by an authorized representative (see instructions for specific information).	BDB Agent Co. Authorized Representative By (if applicable)
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.	Ruth A. Martell, Assistant Secretary Print Name
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an	Authorized Representative
authorized representative of the business entity must sign in the "By" box and print their name in the 'Print Name" box.	By (if applicable) Print Name

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