



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/08/2013	201303900524	AGENT RESIGNATION (AGR)	25.00	.00		.00	.00

Receipt

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

M/I HOMES, INC.
J. THOMAS MASON
3 EASTON OVAL, STE 500
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1259788**

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

GLENBROOK ESTATES HOMEOWNERS' ASSOCIATION, INC.

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

Document(s):

AGENT RESIGNATION

Document No(s):

201303900524

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 7th day of February, A.D.
2013.

Ohio Secretary of State



Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.govBusserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216**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)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- ☒ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity **GLENBROOK ESTATES HOMEOWNERS' ASSOCIATION, INC.**Charter, License or Registration No. **1259788**Name of Current Agent **J. THOMAS MASON**

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

Name and Address
of New Agent

Name of Agent

Mailing Address

City

Ohio

State

Zip Code

Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**

The Undersigned,

Name of Agent

, named herein as the

statutory agent for

Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:

Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**Complete the information in this section if box (2) is checked**

New Address of Agent

Mailing Address

City

Ohio
State

Zip Code

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**Complete the information in this section if box (3) is checked**

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

3 EASTON OVAL, SUITE 500

Mailing Address

COLUMBUS

City

OHIO
State43219
Zip Code

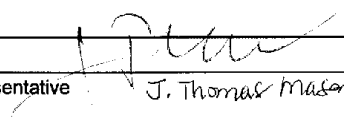
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


[Signature Box]

Authorized Representative

J. Thomas Mason

[Signature Box]

By (if applicable)

J. THOMAS MASON

Print Name

[Signature Box]

Authorized Representative

[Signature Box]

By (if applicable)

[Signature Box]

Print Name