



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/12/2013	201304201608	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

HANS KIM
1272 EASTWOOD AVENUE
MAYFIELD HTS., OH 44124

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1315879

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

HURRICANES SWIM TEAM BOOSTER CLUB

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

Document(s):

SUBSEQUENT AGENT APPOINTMENT

Document No(s):

201304201608



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 11th 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.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

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

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Statutory Agent Update
Filing Fee: \$25

2013 FEB 11 AM 8:45

(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 orp (155-AGR)

LP (155-AGR)

LLC (153-LAG)

Partnership (153-AGR)

Business Trust (153-LAG)

Real Estate Investment Trust (153-LAG)

Name of Entity HURRICANES SWIM TEAM BOOSTER CLUB

Charter, License or Registration No. 1315879

Name of Current Agent STEVE CANFIELD

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

Name and Address of New Agent

HANS KIM
Name of Agent

1272 EASTWOOD AVENUE
Mailing Address

MAYFIELD HTS. Ohio 44124
City 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, HANIS Kim, named herein as the
Name of Agent

statutory agent for HURRICANES SWIM TEAM BOOSTER CLUB, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: [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 1272 EASTWOOD AVENUE
Mailing Address

MAYFIELD HTS
City

Ohio
State

44124
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.

721 LAIDER ROAD
Mailing Address

HIGHLAND HTS
City

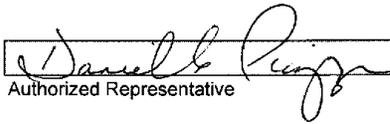
OH
State

44143
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.

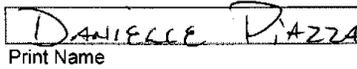
Required

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


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.


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 of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Authorized Representative

By (if applicable)

Print Name