

DATE: 08/16/2013 DOCUMENT ID 201322800792

DESCRIPTION DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS) FILING 25.00 EXPED

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FRANTZ WARD LLP AMY WILKINS 127 PUBLIC SQUARE - #2500 CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

39843

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

VOCATIONAL GUIDANCE SERVICES

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

Document(s)

Document No(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

201322800792

Effective Date: 08/15/2013



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 16th day of August, A.D. 2013.

Ohio Secretary of State

From: 2165151615

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Date: 8/15/2013 3:46:02 PM



Form 621

Form 521 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
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Last Revised: 11/29/12

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(1) Subsequent Appointmen Corp (165-AGS) LP (165-AGS) LLC (171-LSA) Business Trust (171-LSA) Real Estate Investmen		(2) Change of Address of an Corp (146-AGA) LP (145-AGA) LLC (144-LAD) Business Trust (144-LAD) Real Estate Investmen		Businés (163-LAG	AGR) 3-LAG) 8hip (153-AGR) 38 Trust 9) state investme	PH 3:57
Name of Entity VOCATIONAL GUIDANCE SERVICES Charter, License or Registration No. 39843 Name of Current Agent BETTY J. GOODMAN						
Nam 130 Maii	CORPORATI ne of Agent			Ohio State	44114 Zip Code	

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Complet	e the inform	nation in this section if box	(1) is checked and business	s is an Ohio entit	<u>y </u>
		ACCEPTANCE OF APPO	DINTMENT FOR DOMESTIC	ENTITY'S AGENT	
The Unde	ersigned,	CT CORPORATION SYSTI	EM		, nàmed herein as the
stetutory		VOCATIONAL GUIDANCE Name of Business Entity	9ERVIÇES		, hereby acknowledges
and acce	pls the appo	iniment of statutory agent for	ilgnature:	3 Que	
	□ if an an O	agent is an individual using nio resident.	individual Agent's Signa g a P.O. Box, the agent must		behalf of Corporate Agent r, Ass. Secretary o confirm that the agent is
Complete	the Inform	stion in this section if box	(2) Is checked		
New Addr	ess of Agen	Mailing Address City	y a P.O. Box, the agent must	Ohló Slate check this box t	Zip Code
The agent Current or	the inform of record for tast known	ation in this section if box or the antity identified on page	(3) is checked 1 resigns as statutory egent. val office where a copy of this		ent was sent as of the
	Malling Add	iress			
Form 821	City		State Page 2 of 3	Zi	Lasi Revised: 11/28/12

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By signing and submitting this for	m to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute this	document, (Mar)
	/ Jb/N / 1
Required Agent update must be signed by an authorized representative (see	Authorized Representative
Instructions for specific	
Information).	By (If applicable)
If authorized representative	
is an individual, then they	ROBERT COMBEN
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	Authorized Representative
"signature" box, an authorized representative	
of the business entity must sign in the "By" box	By (if applicable)
and print their name in the	
"Print Name" box.	Zinta Aliana
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·	

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