



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/08/2003	200321902186	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

JOHN M. HERNSTEIN
527 PORTAGE TRAIL
CUYAHOGA FALLS, OH 44221

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1347617**

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

ELLORA'S CAVE PUBLISHING, INC.

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200321902186

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 August, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

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 Non-Profit)

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)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity Ellora's Cave Publishing, Inc.

Charter or Registration No. 1347617

Name of Current Agent Tina M. Engler

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

Name and Address of New Agent

(Name) _____

(Street) _____ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (County) _____ **Ohio** (State) _____ (Zip Code) _____

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as
the Statutory agent for, _____, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the Acceptance of Appointment

Complete the information in this section if box (2) is checked.

Old Address of Agent

4427 Marrington Road

(Street)

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

Stow

(City)

Ohio

(State)

44224

(Zip Code)

New Address of Agent

244 Steeplechase Lane

(Street)

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

Munroe Falls

(City)

Ohio

(State)

44262

(Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning?

☐ Yes

☐ No

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

(Street)

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

(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated (signed) by an
authorized representative
(See Instructions)

J. M. Engler
Authorized Representative
PRESIDENT

07-29-2003

Date