DOC ID ----> 200406500456

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/05/2004	200406500456	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

SPYGLASS LLC
JAMES SMITH
7512 KOUSA CT
MASON, OH 45040

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1374029

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

SPYGLASS LLC.

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

Document(s)	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**200406500456**

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 3rd day of March, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200406500456

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)	
Yes	PO Box 1390 Columbus, OH 43216
	*** Requires an additional fee of $100 ***
No	PO Box 788 Columbus, OH 43216

REVIEWED
By DD
Date 3-3-04

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	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp ☐ LP (165-AGS)	☐ Corp ☐ LP (145-AGA)	☐ Corp ☐ LP (155-AGR)
☒ LLC (171-LSA)	☐ LLC (144-LAD)	☐ LLC (153-LAG)

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

Name of Entity SPYGLASS LLC.

Charter or Registration No. 1374029

Name of Current Agent JOEL A JOHNSON.

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

Name and Address of New Agent

James Smith
(Name)
7512 Kousa Ct
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Mason	Warren	Ohio	45040
(City)	*(County)*	*(State)*	*(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, James A (James Smith), named herein as the Statutory agent for, Spyglass LLC, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: James A
(Statutory Agent)

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

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

Old Address of Agent

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

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

New Address of Agent

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

(City) **Ohio** (State) (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)

Authorized Representative

3/2/04
Date