



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/14/2004	200425702418	SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

SAMMONS & ASSOCIATES CO LPA
635 PARK MEADOW ROAD SUITE 101
ATTN JEFFERY SAMMONS
WESTERVILLE, OH 43081

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1374941**

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

SERENITY HOME HEALTH CARE, LLC

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

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER

Document No(s):

200425702418

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 8th day of September,
A.D. 2004.

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)

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

Name of Entity Serenity Home Health Care, LLC

Charter or
Registration No. 1374941

Name of Current Agent Carolyn L. Page

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

Name and Address of
New Agent

BizRep, Inc.

(Name)

635 Park Meadow Road, Suite 101

(Street)

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

Westerville

(City)

Franklin

(County)

Ohio

(State)

43081

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, BizRep, Inc., named herein as

the Statutory agent for, Serenity Home Health Care, LLC, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature: JEFFERY D. SAMMONS

(Statutory Agent)

JEFFERY D. SAMMONS, PRESIDENT

* 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

(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.

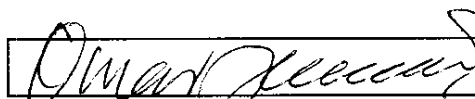
(City)

(State)

(Zip Code)

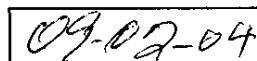
REQUIRED

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



Authorized Representative

OMAR SAID OMAR



Date