



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/11/2005	200513100434	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNER S (LAD)	25.00	.00	.00	.00	.00

Receipt

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

HALLOWES ALLEN HAYNES
6445 E. LIVINGSTON AVE
REYNOLDSBURG, OH 43068

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1355832

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

WILSON-FARMS OF OHIO, LLC

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

Document(s)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

200513100434



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 5th day of May, A.D.
2005.

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 Wilson-Farms of Ohio, LLCCharter or
Registration No. 1355832Name of Current Agent Donald B. Hallows, Esquire

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**

1616 Brice Road

(Street)

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

Reynoldsburg

(City)

Ohio

(State)

43068

(Zip Code)

New Address of Agent

6445 East Livingston Avenue

(Street)

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

Reynoldsburg

(City)

Ohio

(State)

43068

(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 Representative4-28-05
Date

DONALD B. HALLOWES