DOC ID ----> 200604601522

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/15/2006	200604601522	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS (LAD)	25.00	.00	.00	.00	.00

Receipt

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

EXECUTIVE FINANCIAL SOLUTIONS
4215 GANTZ RD
STE 200
GROVE CITY, OH 43123

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1427644

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

SL STAFFING, LLC

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS	**200604601522**

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 9th day of February, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200604601522

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

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

Name of Entity SL Staffing, LLC

Charter or Registration No. 1427644

Name of Current Agent Derek R Harp

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**

DOC ID ----> 200604601522

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

Old Address of Agent

1275 Kinnear Rd
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus | **Ohio** | 43212
(City) *(State)* *(Zip Code)*

New Address of Agent

3670 Parkway Lane, Suite J
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Hilliard | **Ohio** | 43026
(City) *(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

16 JAN 06
Date