



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/06/2006	200633902396	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

H L KOTTMAN & ASSOCIATES, INC.
3402 SPYGLASS RIDGE
HAMILTON, OH 45013

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1202459

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

H.L. KOTTMAN & ASSOCIATES, INC.

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

Document(s)
DOMESTIC AGENT ADDRESS CHANGE

Document No(s):
200633902396



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 December,
A.D. 2006.

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 H. L. Kottman & Associates, Inc.

**Charter or
Registration No.** 1202459

Name of Current Agent Harold L. Kottman

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**

RECORDED - 5 PM 9:22

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

Old Address of Agent

3501 Banning Road

(Street)

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

Cincinnati

(City)

Ohio

(State)

45239

(Zip Code)

New Address of Agent

3402 Spyglass Ridge

(Street)

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

Hamilton

(City)

Ohio

(State)

45013

(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)

Harold L. Kottman
Authorized Representative

11/30/06
Date