DOC ID ----> 200723501346

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/23/2007	200723501346	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

MONA MCKINNISS
PO BOX 163904
COLUMBUS, OH 43216

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1361592

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

CAT ASSISTANCE TEAM OF CENTRAL OHIO, INC.

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

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**200723501346**

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 22nd day of August, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200723501346

Prescribed by :

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
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

2001 AUG 22 AM 11:12
SECRETARY OF STATE
CLERK SERVICE DEPT.

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Nonprofit)
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 Cat Assistance Team of Central Ohio, Inc.

Charter or Registration No. 1361592

Name of Current Agent Nancy Heller

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

Name and Address of New Agent

Mona McKinniss
(Name)
3155 Harrisburg-Georgesville Rd
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Grove City *(City)* | Franklin *(County)* | Ohio *(State)* | 43123 *(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mona McKinniss, named herein as the Statutory agent for, Cat Assistance Team of Central Ohio, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Mona McKinniss
(Statutory Agent)

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

DOC ID ----> 200723501346

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

8-20-07
Date