



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/07/2007	200731002478	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.

BUTLER OF COLUMBUS
150 E. MOUND ST.
SUITE 209
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1319683**

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

PARK EAST OFFICE PARK LLC

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

Document(s)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

200731002478

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 6th day of November,
A.D. 2007.

Ohio Secretary of State



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

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

Name of Entity Park East Office Park LLC

Charter or Registration No. 1319683

Name of Current Agent Jordan Berns

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**

24500 Chagrin Blvd., Suite 101

(Street)

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

Beachwood

(City)

Ohio

(State)

44122

(Zip Code)

New Address of Agent

3733 Park East Drive, Suite 200

(Street)

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

Beachwood

(City)

Ohio

(State)

44122

(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.

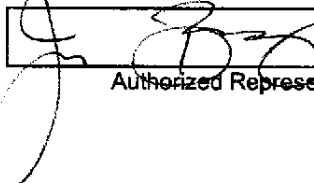
(City)

(State)

(Zip Code)

REQUIRED

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



Authorized Representative

10/30/07

Date