DOC ID ----> 200734701346

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/14/2007	200734701346	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS (LAD)	25.00	.00	.00	.00	.00

Receipt

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

ANTHONY DENTAL CARE, LLC
100 TIPPEET CT
STE 103
SUNBURY, OH 43074

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1529331

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

FJA PROPERTIES, LLC

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS	**200734701346**

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 12th day of December, A.D. 2007.

Jennifer Brunner

Ohio Secretary of State

DOC ID ----> 200734701346

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

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

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	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp ☐ LP (165-AGS) ☐ LLC (171-LSA)	☐ Corp ☐ LP (145-ACA) ☒ 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 FJA PROPERTIES, LLC

Charter or Registration No. 1529331

Name of Current Agent MICHAEL J. ANTHONY

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 an Ohio Domestic, the agent must sign the **Acceptance of Appointment**

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

Old Address of Agent

555 S. FRONT ST. SUITE 320
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

COLUMBUS | **Ohio** | 43215
(City) | *(State)* | *(Zip Code)*

New Address of Agent

383 N. FRONT ST. LOWER LEVEL
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

COLUMBUS | **Ohio** | 43215
(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

12/3/07
Date