



|            |              |                                                              |        |       |         |      |      |
|------------|--------------|--------------------------------------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                                  | FILING | EXPED | PENALTY | CERT | COPY |
| 01/15/2008 | 200801402400 | SUBSEQNT AGENT<br>APPOINT/LIMITED/LIABILITY/PARTNER<br>(LSA) | 25.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

JAMES SMITH FAMILY FARM, LLC  
P.O. BOX 5160  
FORT WAYNE, IN 40895

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1590208**

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

**JAMES SMITH FAMILY FARM, LLC**

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

Document(s)

**SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER**

Document No(s):

**200801402400**

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 January, A.D.  
2008.

Ohio Secretary of State



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 ROOM ONLY - DO NOT SIGN

☐ 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)Complete ALL of the general information in this section for the box checked above.Name of Entity James Smith Family Farm, LLCCharter or  
Registration No. 1590208Name of Current Agent CSC - Lawyers Incorporating Service

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

Name and Address of  
New AgentMike Kohart

(Name)

21751 ROAD 128

(Street)

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

OAKWOOD

(City)

PAULDING

(County)

Ohio

(State)

45873

(Zip Code)

**ACCEPTANCE OF APPOINTMENT**The Undersigned, Mike Kohart, named herein asthe Statutory agent for, JAMES SMITH FAMILY FARM, LLC, 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**

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)

*A. Donald Hobart, MGR*  
Authorized Representative

*8/8/2008*  
Date