



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/27/2008	200808602054	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

HO LEGAL DEPT.
175 BERKELEY STREET
BOSTON, MA 02116

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1049625**

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

AVOMARK INSURANCE AGENCY, LLC

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

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER

Document No(s):

200808602054

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 21st day of March, A.D.
2008.

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 (185-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 Avomark Insurance Agency, LLC
 Charter or
 Registration No. 1049625
Name of Current Agent Debra K. Crane

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

Name and Address of
 New Agent CSC-Lawyers Incorporating Service (Corporation Service Company)
 (Name)
50 West Broad Street, Suite 1800
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Columbus Franklin Ohio 43215
 (City) (County) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, CSC - Lawyers Incorporating Service, named herein as
 the Statutory agent for, Avomark Insurance Agency, LLC, hereby acknowledges and
 accepts the appointment of statutory agent for said entity.

Signature: Michelle R. Vannoy

(Statutory Agent)

Assistant Vice President, CSC

* 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

(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.

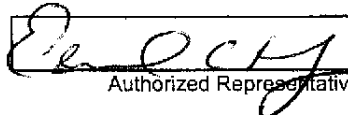
(City)

(State)

(Zip Code)

REQUIRED

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


Authorized Representative

2 / 19 / 2008
Date