DOC ID ----> 200809301934

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/03/2008	200809301934	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS (LAD)	25.00	.00	.00	.00	.00

Receipt

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

VT LARNEY LIMITED
5925 BELMONT AVE
YOUNGSTOWN, OH 44505

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

938553

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

V.T. LARNEY, LTD.

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS	**200809301934**

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 1st day of April, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200809301934

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)

○ 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

RECEIVED
APR 0 1 2008
SECRETARY OF STATE

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)	☐ Corp ☐ LP (145-AGA)	☐ Corp ☐ LP (155-AGR)
☐ LLC (171-LSA)	☒ LLC (144-LAD)	☐ LLC (153-LAG)

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

Name of Entity VT Lasney Limited

Charter or Registration No. 938553

Name of Current Agent Vincent T. Larney

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

12 Stanton Dr.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown Ohio 44505
(City) (State) (Zip Code)

New Address of Agent

5925 Belmont Ave.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown Ohio 44505
(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

3-26-08
Date