



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2008	200812101956	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

TIFFIN AIRE, INC.
1778 W. ST. RT. 224
TIFFIN, OH 44883

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**366168**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
TIFFIN AIRE, INC.

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

Document(s)
DOMESTIC AGENT ADDRESS CHANGE

Document No(s):
200812101956



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 29th day of April, 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 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

RECEIVED

APR 29 2008

SECRETARY OF STATE

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 Tiffin Aire, Inc.

Charter or
Registration No. 366168

Name of Current Agent Bradley W. Newman

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

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

Old Address of Agent

96 S Tecumseh Tr.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Tiffin Ohio 44883
(City) (State) (Zip Code)

New Address of Agent

1778 W US 224
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Tiffin Ohio 44883
(City) (State) (Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning?

☐ Yes

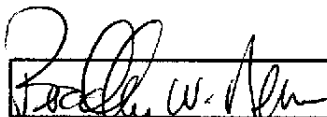
☐ No

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

04/17/2008
Date