



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/25/2008	200826900782	DOMESTIC/AGENT RESIGNATION (AGR)	25.00	.00	.00	.00	.00

Receipt

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

BENESCH FRIEDLANDER
88 E. BROAD ST., SUITE 900
L PIOTROWSKI/N VILLARREAL
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**793536**

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

ADAM LEVIN AND ASSOCIATES, INC.

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

Document(s)

DOMESTIC/AGENT RESIGNATION

Document No(s):

200826900782

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 24th day of September,
A.D. 2008.

Ohio Secretary of State



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

Prescribed by

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 Non-Profit)

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

Name of Entity Adam Levin and Associates, Inc.

Charter or
Registration No. 793536

Name of Current Agent ACFB Incorporated

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) _____ (State) Ohio (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 a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

RECEIVED
SECRETARY OF STATE
2008 SEP 24 AM 11:31
CLIENT SERVICE CENTER

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

23550 Commerce Park
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Beachwood OH 44122
(City) (State) (Zip Code)

REQUIRED

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

ACFB Incorporated

Lorrie Piotrowski

Authorized Representative

By: Lorrie Piotrowski, Assistant Secretary

September 19, 2008

Date