DOC ID ----> 200828102714

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/08/2008	200828102714	DOMESTIC/AGENT RESIGNATION (AGR)	25.00	.00	.00	.00	.00

Receipt

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

SHOSTAK LAW OFFICE
EIGHT NORTH COURT ST
STE 506
ATHENS, OH 45701

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1354943

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

ARDC HOLDING, LTD.

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

Document(s)	Document No(s):
DOMESTIC/AGENT RESIGNATION	**200828102714**

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 7th day of October, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200828102714

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

RECEIVED
OCT 07 2008
SECRETARY OF STATE

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	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp ☐ LP (165-AGS) ☐ LLC (171-LSA)	☐ Corp ☐ LP (145-AGA) ☐ LLC (144-LAD)	☑ Corp ☐ LP (155-AGR) ☐ LLC (153-LAG)

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

Name of Entity ARDC Holding, LTD

Charter or Registration No. 1354943

Name of Current Agent Robert J. Shostak

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**

DOC ID ----> 200828102714

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

7588 West Mercedes Drive
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Glendale AZ 85222
(City) (State) (Zip Code)

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

RA Shostak
Authorized Representative

30Oct08
Date