



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/05/2008	200833900754	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNER S (LAD)	25.00	.00	.00	.00	.00

Receipt

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

ADVANCE SIGN GROUP
834 W. THIRD AVENUE
COLUMBUS, OH 43212

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1116041

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

THE WASSERSTROM GROUP, LLC

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

Document(s)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

200833900754



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 3rd day of December,
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

DEC 03 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 The Wasserstrom Group, LLC

Charter or Registration No. 1116041

Name of Current Agent James L. Wasserstrom

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**

477 S Front St

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

Ohio

(State)

43215

(Zip Code)

New Address of Agent

834 W. Third Ave

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

Ohio

(State)

43212

(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 Representative10-27-08
Date