DOC ID ----> 200907701948

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/19/2009	200907701948	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS (LAD)	25.00	.00	.00	.00	.00

Receipt

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

BLASTER FULFILLMENT CENTER
5675 ARLYNE LANE
MEDINA, OH 44256

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1283500

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

ADVANCED DISTRIBUTION SERVICES, LTD.

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS	**200907701948**

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 17th day of March, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200907701948

Form 521 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

PO Box 1390
Columbus, OH 43216 ○ Expedite
***** Requires an additional fee of $100 *****

PO Box 788
Columbus, OH 43216 ◉ Non Expedite

RECEIVED
MAR 17 2009
SECRETARY OF STATE

STATUTORY AGENT UPDATE
Filing Fee: $25

(CHECK ONLY ONE (1) BOX)

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

Name of Entity Advanced Distribution Services, LTD

Charter, License or Registration No. 1283500

Name of Current Agent Paul Wright, Jr.

Address of Current Agent 1266 Highview Drive
Mailing Address

Wadsworth (City) | **Ohio** (State) | 44281 (Zip Code)

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Name of Agent

Mailing Address

City | **Ohio** (State) | Zip Code

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Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____, named herein as the
Name of Agent

Statutory agent for, _____,hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Statutory Agent

☐ **If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

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

New Address of Agent 5675 Arlyne Lane
Mailing Address

Medina (City) **Ohio** (State) 44256 (Zip Code)

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

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

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

_____
Mailing Address

_____ **Ohio** _____
City State Zip Code

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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

Paul Wright, Jr.	3-16-09
Authorized Representative	Date
Paul Wright, Jr.	
Print Name	
Authorized Representative	Date
Print Name	