



DATE: 04/30/2009	DOCUMENT ID 200911900906	DESCRIPTION SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER (LSA)	FILING 25.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

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

OXLEY & POPLAR CO., LPA
P O BOX 220
930 CLAREMONT AVENUE
ASHLAND, OH 44805

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1671087

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

B & B MID-OHIO LAWN CARE SERVICE, LLC

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

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER

Document No(s):

200911900906

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.
2009.

Ohio Secretary of State



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:

- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ Non Expedite PO Box 788
Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent ☐ Corp (165-AGS) ☐ LP (165-AGS) ☒ LLC (171-LSA)	(2) Change of Address of an Agent ☐ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD)	(3) Resignation of Agent ☐ Corp (155-AGR) ☐ LP (155-AGR) ☐ LLC (153-LAG) ☐ Partnership (155-AGR)
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Name of Entity B & B Mid-Ohio Lawn Care Service, LLC

Charter, License or Registration No. 1671087

Name of Current Agent Matthew C. Bernhard, M.d.

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

Name and Address of New Agent	<u>Raymond Bradshaw</u> Name of Agent <u>1236 Cottage Street</u> Mailing Address <u>Ashland</u> <u>Ohio</u> <u>44805</u> 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)



Authorized Representative

April 6, 2009

Date

Raymond Bradshaw

Print Name

Authorized Representative

Date

Print Name

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.

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Zip Code