



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/24/2009	200920401312	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.

HALLOWES, ALLEN & HAYNES, LPA
CHRISTAL BREWSTER
6445 E. LIVINGSTON AVE.
REYNOLDSBURG, OH 43068-3560

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1863776**

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

LYONS HOME HEALTH CARE, LLC

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

Document(s)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

200920401312

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 23rd day of July, 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 Lyons Home Health Care, LLC

Charter, License or Registration No. 1863776

Name of Current Agent Jo Ann Murphy-Bruce

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

Name and Address
of New Agent

Name of Agent _____

Mailing Address _____

City _____ State Ohio Zip Code _____

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 1233 South James Road, Suite B
Mailing Address
Columbus Ohio 43227
City State 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.

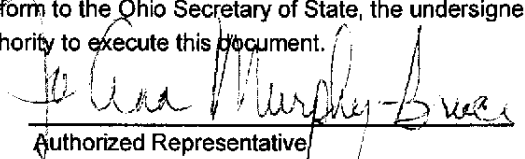
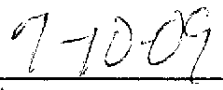
Complete the information in this section if box (3) is checked

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

City State Zip Code

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	Date
	Jo Ann Murphy-Bruce	
	Print Name	
	Authorized Representative	Date
	Print Name	