



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/01/2009	200924301120	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

RX STAFFING SERVICE INC
365 WAKEFIELD RUM BLVD
HINCKLEY, OH 44233-9254

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1170461

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

RX STAFFING SERVICE INC

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200924301120



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 31st day of August, 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

Expedite this form: (select one)
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☐ Expedite
Columbus, OH 43216

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STATUTORY AGENT UPDATE

Filing Fee: \$25

AUG 31 2009

SECRETARY OF STATE

(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 RX Staffing Service Inc

Charter, License or Registration No. 1170461

Name of Current Agent Lemma Getachew

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

☐ 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.

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

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)

Lemma Getachew
Authorized Representative

8/20/09
Date

Lemma Getachew

Print Name

Authorized Representative

Date

Print Name