



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/02/2010	201003200444	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	100.00	.00	.00	.00

Receipt

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

ZAINO & HUMPHREY, LPA
ATTN: KATHY CROSSLAND
5775 PERIMETER DR., #275
DUBLIN, OH 43017-3223

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**200460**

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

FOX CLEANERS, INC.

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

Document(s):

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

201003200444

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 January, A.D. 2010.

Ohio Secretary of State

From: 614 799 1500

Page: 2/4

Date: 1/29/2010 9:09:14 AM


**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
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Columbus, OH 43216

☒ Expedite
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PO Box 788
Columbus, OH 43216

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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	<u>Fox Cleaners, Inc.</u>		
Charter, License or Registration No.	<u>200460</u>		
Name of Current Agent	<u>John Roberts</u>		
Address of Current Agent	<u>807 Fallview</u>		
	<u>Mailing Address</u>		
	<u>Englewood</u>	<u>Ohio</u>	<u>45322</u>
	City	State	Zip Code

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

Name and Address of New Agent	<u>Name of Agent</u>		
	<u>Mailing Address</u>		
	<u>City</u>	<u>Ohio</u>	<u>Zip Code</u>
	City	State	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 10829 Haber Road
Mailing Address

Englewood Ohio 45322
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

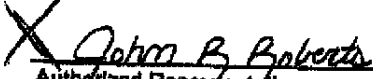
The agent of record for the entity identified on page 1 resigns as statutory agent.

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 Ohio _____
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	<u>Jan 27 2010</u> Date
	John Roberts Print Name	
	_____ Authorized Representative	_____ Date
	_____ Print Name	