



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/16/2010	201004300361	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

ALIGELLE
1686 E. Hudson Street
Columbus, OH 43211

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1381284**

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

AFRICAN AUTO SALE LLC

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

Document(s):

SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER

Document No(s):

201004300361

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 8th day of February, A.D. 2010.

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 <u>AFRICAN AUTO SALE, LLC</u>
Charter, License or Registration No. <u>1381284</u>
Name of Current Agent <u>Ahmed Mohamoud</u>

Complete the information in this section if box (1) is checked		
Name and Address of New Agent	<u>Ali Gelle</u> Name of Agent	
	<u>1686 E. Hudson ST</u> Mailing Address	
	<u>Columbus</u> City	<u>Ohio</u> <u>43211</u> State Zip Code

RECEIVED
 SECRETARY OF STATE
 2010 FEB - 8 PM 2:08
 CLIENT SERVICE CENTER

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,

Al. Geller

, named herein as the

Name of Agent

Statutory agent for,

AFRICAN Auto Sale, LLC

, hereby acknowledges

Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

[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

Mailing Address

City

Ohio
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

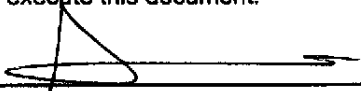
Ohio
State

Zip Code

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

1/8/2006
Date

Ali Gelle
Print Name

Authorized Representative

Date

Print Name