DOC ID ----> 201011900896

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/30/2010	201011900896	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00		.00	.00

Receipt

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

LEE M. SMITH & ASSOCIATES OC LPA
929 HARRISON AVENUE
SUITE 300
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

919007

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

ACLOCHE LLC

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

Document(s):	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**201011900896**

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 26th day of April, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201011900896

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

2010 APR 26 AM 8:26

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp (165-AGS)	☐ Corp (145-AGA)	☐ Corp (155-AGR)
☐ LP (165-AGS)	☐ LP (145-AGA)	☐ LP (155-AGR)
☑ LLC (171-LSA)	☐ LLC (144-LAD)	☐ LLC (153-LAG)
		☐ Partnership (155-AGR)

Name of Entity ACLOCHÉ LLC

Charter, License or Registration No. 919007

Name of Current Agent Acme Agent, Inc.

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

Name and Address of New Agent

Lee M. Smith
Name of Agent

929 Harrison Avenue, Suite 300
Mailing Address

Columbus — City
Ohio — State
43215 — Zip Code

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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, Lee M. Smith, named herein as the
Name of Agent

Statutory agent for, ACLOCHÉ LLC, 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

_____
Mailing Address

_____ **Ohio** _____
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

_____ **Ohio** _____
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	Date: 4/21/2010
Lee M. Smith Print Name	
Authorized Representative	Date
Print Name	