DOC ID ----> 201017400578

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/24/2010	201017400578	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00		.00	.00

Receipt

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

HORNSHY
3331 STATE ROUTE 529
CARDINGTON, OH 43315-9319

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1444551

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

SPARKLING IMAGE, LLC.

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

Document(s)	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**201017400578**

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 22nd day of June, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201017400578

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	(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)	☐ (155-AGR)
☑ LLC (171-LSA)	(144-LAD)	(153-LAG)
		☐ Partnership (155-AGR)

Name of Entity SPARKLING IMAGE, LLC

Charter, License or Registration No. 1447551

Name of Current Agent Michael Howell

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

Name and Address of New Agent

Craig E. Hornsby
Name of Agent

3331 ST 529
Mailing Address

Cardington — City
Ohio — State
43315 — 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, Craig Norsby, named herein as the
Name of Agent

Statutory agent for, Sparkling Image, 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 3331 ST 529
Mailing Address

Covington — Ohio — 45315
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.

4859 WHISPER COVE CT
Mailing Address

SAMANTA — Ohio — 43230
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: 6-8-10
Print Name: Craig E Hornsby	
Authorized Representative	Date
Print Name	