



DATE: 08/25/2010	DOCUMENT ID 201023600777	DESCRIPTION SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**818530**

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

CARDINAL HEALTH 414, LLC

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

Document(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER

Document No(s):
201023600777



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 23rd day of August, 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
Bussserv@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	CARDINAL HEALTH 414, LLC		
Charter, License or Registration No.	818530		
Name of Current Agent	CSC-Lawyers Incorporating Service (Corporation Service Company)		
Address of Current Agent	50 W. BROAD ST., SUITE 1800		
	Mailing Address		
	COLUMBUS	<u>Ohio</u>	43215
	City	State	Zip Code

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

Name and Address of New Agent	C T Corporation System		
	Name of Agent		
	1300 East 9th St		
	Mailing Address		
	Cleveland	<u>Ohio</u>	44114
	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

_____ 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.

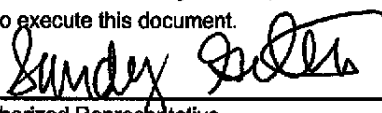
Complete the information in this section if box (3) is checked

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

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)		8/9/2010
	Authorized Representative	Date
	Sandy Gilliss, Member	
	Print Name	
	Authorized Representative	Date
	Print Name	