DOC ID ----> 201112900858

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 05/10/2011 | 201112900858 | SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA) | 25.00 | .00 | | .00 | .00 |

**Receipt**

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

USILLUMINATIONS, LLC
3757 FISHCREEK RD.
STOW, OH 44224

# STATE OF OHIO
# CERTIFICATE
## Ohio Secretary of State, Jon Husted

**2003446**

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

**USILLUMINATIONS, LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER** | **201112900858** |

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 6th day of May, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201112900858

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

RECEIVED
MAY – 6 2011
SECRETARY OF STATE

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

**Name of Entity** USILLUMINATIONS, LLC

**Charter, License or Registration No.** 2003446

**Name of Current Agent** MARK C. LEWIS

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

**Name and Address of New Agent**

TINA CONLEY
Name of Agent

704 North Munroe Road
Mailing Address

Tallmadge — City
Ohio — State
44278 — 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, TINA CONLEY, named herein as the
Name of Agent

Statutory agent for, USILLUMINATIONS, LLC, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Statutory Agent
Tina Conley

☐ **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

DOC ID ----> 201112900858

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: 5-4-2011

TINA CONLEY
Print Name

Authorized Representative — Date: 5-4-2011

MARK LEWIS
Print Name