



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/18/2011	201119600706	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00		.00	.00

Receipt

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

DWIGHT I HURD CO LPA
4235 WESTLETON CT
COLUMBUS, OH 43221-4930

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1863776**

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

LYONS HOME HEALTH CARE, LLC

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

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

Document No(s):
201119600706



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 14th day of July, A.D.
2011.

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
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- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
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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 Lyons Home Health Care, LLC

Charter, License or Registration No. 1863776

Name of Current Agent Jo Ann Murphy-Bruce

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

Name and Address of New Agent Hale Harmon

Name of Agent 1233 South James Rd. Suite B

Mailing Address Columbus Ohio 43227

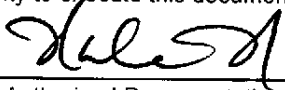
City State Zip Code

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2011 JUL 14 AM 9:07
CLIENT SERVICE CENTER

☐ 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.

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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)		July 13, 2011
	Authorized Representative	Date
	Hale Harmon	
	Print Name	
	Authorized Representative	Date
	Print Name	