



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/16/2011	201125800448	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

GEIGER, TEEPLE, SMITH, HAHN, PLL
1844 WEST STATE ST., STE A
ATTN: MICHAEL A. OGLINE
ALLIANCE, OH 44601

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**188260**

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

THE ALLIANCE COUNTRY CLUB

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201125800448

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 12th day of September,
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	<u>The Alliance Country Club</u>
Charter, License or Registration No.	<u>188260</u>
Name of Current Agent	<u>Keith A. Veres</u>

Complete the information in this section if box (1) is checked			
Name and Address of New Agent	<u>Matt LaFountain</u>		
	<u>Name of Agent</u>		
	<u>119 East State Street</u>		
	<u>Mailing Address</u>		
	<u>Alliance</u>	<u>Ohio</u>	<u>44601</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>

The Undersigned, Matt LaFountain, named herein as the
Name of Agent

Statutory agent for, The Alliance Country Club, 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

City

Ohio

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.

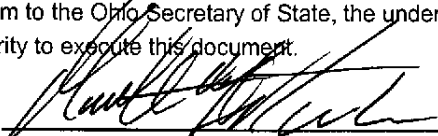
Mailing Address

City

Ohio

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)		<u>8/21/14</u>
	Authorized Representative	Date
	Matt LaFountain	
	Print Name	
	_____ Authorized Representative	_____ Date
	_____ Print Name	