DOC ID ----> 201129300851

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/21/2011	201129300851	DOMESTIC/AGENT RESIGNATION (AGR)	25.00	.00		.00	.00

Receipt

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

BENESCH FRIEDLANDER COPLAN & ARONOFF LLP
ATTN:TRACEY HUGHEY
41 S. HIGH ST STE 2600
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

958228

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

CAPSTONE ENTERPRISES, INC.

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

Document(s):	Document No(s):
DOMESTIC/AGENT RESIGNATION	**201129300851**

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 October, A.D. 2011.

Jon Husted

Ohio Secretary of State

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Prescribed by
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee $25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp ☐ LP (165-AGS) ☐ LLC (171-LSA)	☐ Corp ☐ LP (145-AGA) ☐ LLC (144-LAD)	☑ Corp ☐ LP (155-AGR) ☐ LLC (153-LAG)

2011 OCT 14 PM 12:19
CLIENT SERVICE CENTER
SECRETARY OF STATE

Complete ALL of the general information in this section for the box checked above.

Name of Entity Capstone Enterprises, Inc

Charter or Registration No. 958228

Name of Current Agent ACFB Incorporated

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

Name and Address of New Agent

_____ *(Name)*

_____ *(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ *(City)* _____ *(County)* **Ohio** *(State)* _____ *(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the Statutory agent for, _____, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

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Complete the information in this section if box (2) is checked.

Old Address of Agent

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** (State) (Zip Code)

New Address of Agent

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** (State) (Zip Code)

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

Is this agent resigning? ☑ Yes ☐ No

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

7094 South Lane
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Waite Hill (City) Ohio (State) 44094 (Zip Code)

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

ACFB Incorporated

Authorized Representative
By: Elizabeth Kennedy, Assistant Secretary

10/14/11
Date