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02/24/2012	201205400552	MISCELLANEOUS FILING (MIS)	25.00	.00		.00	.00

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NLPA PAYROLL ACCOUNT
11331 GROOMS RD STE 1000
CINCINNATI, OH 45242

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1928824**

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

NATIONAL LEGAL PROFESSIONAL ASSOCIATES

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

Document(s)

MISCELLANEOUS FILING

Document No(s):

201205400552

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 17th day of February,
A.D. 2012.

Ohio Secretary of State



**Form 524A Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov
Bussserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Trade Name or Fictitious Name Registration Update

Filing Fee: \$25

CHECK ONLY ONE (1) Box

(1) ☐	Assignment of Registered Name (116-RNA)
(3) ☐	Change of Address for Registrant (176-RNB)
(5) ☒	Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

(2) ☐	Change of Nature of Business (999-GEN)
(4) ☐	Cancellation of Registration (184-RNX)

Trade Name or Fictitious Name	National Legal Professional Associates
Registration Number	201010300580 1928824
Name of Current Registrant	

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

New Registrant's Name

New Registrant's Address

Mailing Address

City

State

ZIP Code

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name	Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

2012 FEB 17 AM 11:52

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

The general nature of business conducted by the registrant:

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

Registrant's New Address

Mailing Address

--

City

--

State

--

ZIP Code

--

No additional information required if box (4) is checked above. Please sign form below.**Complete the information in this section if box (5) is checked**

New General Partner(s) names(s) and addresses

Name

Address

Matthew M. Robinson

1818 Holman Avenue, Covington, KY 41014

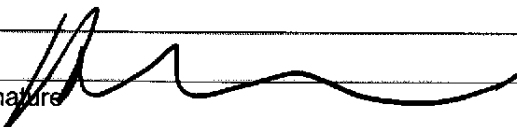
Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

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

Application must be signed by the registrant or an authorized representative.

Signature



By (if applicable)

<i>H. Wesley Robinson</i>

H. Wesley Robinson, Director of Client Services

Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.