



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/15/2012	201207401290	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

ERIC B. FENSTERMAKER
5466 FOX LAKE ROAD
ATHENS, OH 45701

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**936210**

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

SKINNER FAMILY FARMS LIMITED PARTNERSHIP

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201207401290

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 9th day of March, A.D.
2012.

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
Busserv@sos.state.oh.us

Expedite this form: (select one)

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☐ Expedite PO Box 1390
Columbus, OH 43216
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Columbus, OH 43268

RECEIVED

STATUTORY AGENT UPDATE

Filing Fee: \$25

MAR -9 2012

SECRETARY OF STATE

(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 SKINNER FAMILY FARMS LIMITED PARTNERSHIP

Charter, License or Registration No. 936210

Name of Current Agent John C. Skinner

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

Name and Address of New Agent KATHLEEN V. SKINNER

Name of Agent

24291 Locust Grove Road

Mailing Address

Williamsport Ohio 43164

City State Zip Code

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, KATHLEEN V. SKINNER, named herein as the
Name of Agent

Statutory agent for, SKINNER FAMILY FARMS LIMITED PARTNERSHIP, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Kathleen V. Skinner
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 State Ohio 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 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)

Kathleen V. Skinner, GP
Authorized Representative

12.15.11
Date

KATHLEEN V. SKINNER, GP
Print Name

Authorized Representative

Date

Print Name