



DATE: 05/30/2012	DOCUMENT ID 201215000879	DESCRIPTION DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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

MORRISON
159 S MAIN ST STE 1100
AKRON, OH 44308

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1236319**

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

EQUITY ONE REMODELERS, INC.

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201215000879

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 24th day of May, A.D.
2012.

Ohio Secretary of State

Rx Date/Time

MAY-18-2012(FRI) 15:26

11111

P. 009

11111

Line 1

02:36:30 p.m. 05-18-2012

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Form 521 Prescribed by the:
Ohio Secretary of State

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

www.OhioSecretaryofState.gov
Busserv@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

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)
☐ Business Trust
(171-LSA)

(2) Change of Address of an Agent

- ☐ Corp (145-AGA)
☐ LP (145-AGA)
☐ LLC (144-LAD)
☐ Business Trust
(144-LAD)

(3) Resignation of Agent

- ☐ Corp (155-AGR)
☐ LP (155-AGR)
☐ LLC (153-LAG)
☐ Partnership (153-AGR)
☐ Business Trust
(153-LAG)

Name of Entity Equity One Remodelers, Inc.

Charter, License or Registration No. 1236319

Name of Current Agent R. Paul Harris

2012 MAY 24 PM 2:19

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

Name and Address
of New Agent

Laura Harris

Name of Agent

9015 Price Road

Mailing Address

Ravenna

City

Ohio
State

44266

Zip Code

Rx Date/Time

MAY-18-2012(FRI) 15:26

11111

P. 010

11111

Line 1

02:36:41 p.m. 05-18-2012

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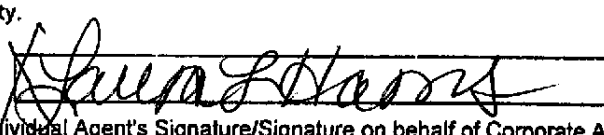
Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**

The Undersigned, Laura Harris, named herein as the
Name of Agent

statutory agent for Equity One Remodelers, Inc., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:


Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If an 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 an 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 (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

Rx Date/Time

MAY-18-2012(FRI) 15:26

11111

P. 011

11111

Line 1

02:36:51 p.m. 05-18-2012

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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

Agent update must be signed by an authorized representative (see instructions for specific information).

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.

Laura Harris

Authorized Representative

By (if applicable)

Laura Harris

Print Name

Authorized Representative

By (if applicable)

Print Name