

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

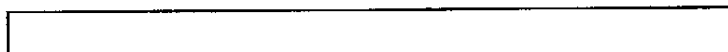
Agent update must be signed by an authorized representative (see instructions for specific information).

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

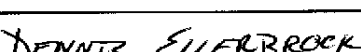
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



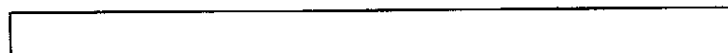
Authorized Representative



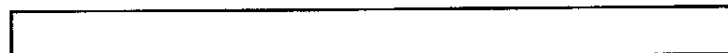
By (if applicable)



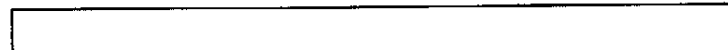
Print Name



Authorized Representative



By (if applicable)



Print Name



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/06/2012	201218701635	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

PUTNAM COUNTY DD RESIDENTIAL SERVICES, INC.
WILLIAM CLIFFORD
7989 ST. RT. 108
OTTAWA, OH 45875

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

817659

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PUTNAM COUNTY DD RESIDENTIAL SERVICES, INC.
and, that said business records show the filing and recording of:

Document(s)
SUBSEQUENT AGENT APPOINTMENT

Document No(s):
201218701635



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 2nd day of July, A.D.
2012.

Ohio Secretary of State



Form 521 Prescribed by:

JON HUSTED
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

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 PYTNAM COUNTY DD RESIDENTIAL SERVICES, INC.Charter, License or Registration No. 817659Name of Current Agent TERRY LEOPOLD

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

Name and Address
of New Agent
WILLIAM CLIFFORD
 Name of Agent

7989 STATE ROUTE 108
 Mailing Address

OTTAWA
 City

Ohio
 State

45875
 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,

WILLIAM CLIFFORD
Name of Agent

, named herein as the

statutory agent for

PUTNAM COUNTY DD RESIDENTIAL SERVICES, INC.
Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

* Signature:

[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