DOC ID ----> 201220001499

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/19/2012	201220001499	AGENT ADDRESS CHANGE (LAD)	25.00	.00		.00	.00

Receipt

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

SHIRCK ORTHODONICS INC
196 E BROAD ST
PATASKALA, OH 43062

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1816658

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

SHIRCK PROPERTIES, LLC

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE	**201220001499**

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 16th day of July, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201220001499

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)
Mail form to **one** of the following:

- ○ Expedite — PO Box 1390, Columbus, OH 43216
  *** Requires an additional fee of $100 ***
- ✓ Non Expedite — PO Box 788, Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: $25

2012 JUL 16 AM 8:15

(CHECK ONLY ONE (1) BOX)

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

Name of Entity SHIRCK PROPERTIES, LLC

Charter, License or Registration No. 1816658

Name of Current Agent JEFF SHIRCK

Address of Current Agent 68 N. HIGH ST D
Mailing Address

NEW ALBANY (City) Ohio (State) 43054 (Zip Code)

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

Name and Address of New Agent

Name of Agent

Mailing Address

City — Ohio (State) — Zip Code

DOC ID ----> 201220001499

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, _____, named herein as the
Name of Agent

Statutory agent for, _____,hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
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 68 N. HIGH ST D
Mailing Address

NEW ALBANY **Ohio** 43054
City State 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

_____ **Ohio** _____
City State Zip Code

DOC ID ----> 201220001499

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)**

[signature]	7/10/12
Authorized Representative	Date
JEFF SHIRCK	
Print Name	
Authorized Representative	Date
Print Name	