



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/22/2012	201229300694	AGENT RESIGNATION (AGR)	25.00	.00		.00	.00

Receipt

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

BENESCH FRIEDLANDER COPLAN & ARONOFF LLP
ATTN: TRACEY HUGHEY
41 S. HIGH ST STE 2600
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

638442

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

BESTWAY SYSTEMS, INC.

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

Document(s):

AGENT RESIGNATION

Document No(s):

201229300694



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 18th day of October, A.D.
2012.

Ohio Secretary of State



www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Prescribed by

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent

☐ Corp ☐ LP (165-AGS)
☐ LLC (171-LSA)

(2) Change of Address of an Agent

☐ Corp ☐ LP (145-AGA)
☐ LLC (144-LAD)

(3) Resignation of Agent

☒ Corp ☐ LP (155-AGR)
☐ LLC (153-LAC)

Complete ALL of the general information in this section for the box checked above.

Name of Entity Bestway Systems, Inc.

Charter or
Registration No. 638442

Name of Current Agent ACFB Incorporated

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

Name and Address of
New Agent

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as

the Statutory agent for, _____, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature: _____

(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the Acceptance of Appointment

RECEIVED
SECRETARY OF STATE
2012 OCT 18 PM 2:35
CLIENT SERVICE CENTER

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

Old Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

New Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

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

Is this agent resigning?

☒ Yes

☐ No

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

5755 Granger Road, #400

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Independence

(City)

Ohio

(State)

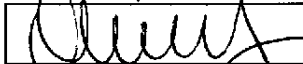
44131

(Zip Code)

REQUIRED

Must be authenticated (signed) by an
authorized representative
(See Instructions)

ACFB Incorporated



Authorized Representative

By: Elizabeth Kennedy, Assistant Secretary

10/17/12
Date