



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/01/2012	201230500832	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

DAVID M NEUMANN
TWO BY FORESIGHT LLC
2769 COMMERCIAL ROAD
CLEVELAND, OH 44113

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):
SUBSEQUENT AGENT APPOINTMENT

Document No(s):
201230500832



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 31st day of October, 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

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 **Bestway Systems, Inc.**Charter, License or Registration No. **638442**Name of Current Agent **AFCB Incorporated****Complete the information in this section if box (1) is checked**Name and Address
of New Agent**David M. Neumann**

Name of Agent

% Two By Foresight LLC, 2769 Commercial Road

Mailing Address

Cleveland

City

Ohio

State

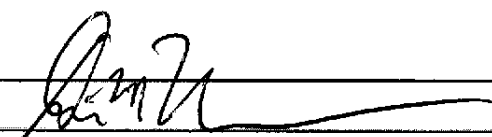
44113

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, David M. Neumann, named herein as the
Name of Agent
statutory agent for Bestway Systems, 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
 Ohio
City 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

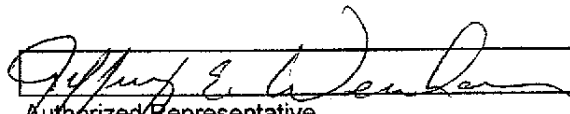
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

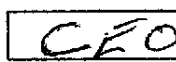
Required

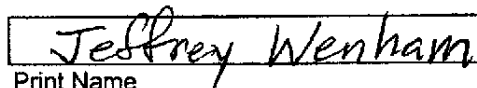
Agent update must be signed by an authorized representative (see instructions for specific information).

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

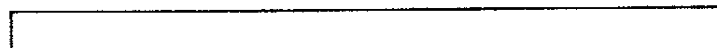
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

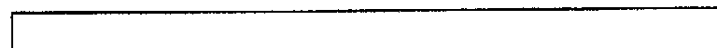

Authorized Representative


By (if applicable)


Print Name


Authorized Representative


By (if applicable)


Print Name