DOC ID ----> 201236201117

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/28/2012	201236201117	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00	.00		.00	.00

Receipt

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

CORPORATE CREATIONS INTERNATIONAL
11380 PROSPERITY FARMS RD
STE 221
PALM BEACH, FL 33410

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1098099

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

INNOVATIVE CUSTOMER SOLUTIONS, LLC

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

Document(s):	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201236201117**

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 26th day of December, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201236201117

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

RECEIVED
DEC 26 2012
SECRETARY OF STATE

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)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: INNOVATIVE CUSTOMER SOLUTIONS, LLC

Charter, License or Registration No.: 1098099

Name of Current Agent: UCS OF OHIO INC

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

Name and Address of New Agent

Corporate Creations Network Inc.
Name of Agent

119 E. Court Street
Mailing Address

Cincinnati (City) | Ohio (State) | 45202 (Zip Code)

DOC ID ----> 201236201117

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: _____
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.

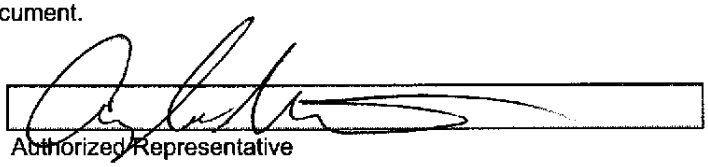
_____
Mailing Address

_____ _____ _____
City State Zip Code

DOC ID ----> 201236201117

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).



Authorized Representative

Angela Martin, Special Manager

By (if applicable)

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

Print Name

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