

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,

Keith Hayes

Name of Agent

, named herein as the

statutory agent for

Beelin Twp. Farmers' and Hunters' Conservation Club

Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:

Keith Hayes

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



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/28/2012	201236201715	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

BERLIN TOWNSHIP CONSERVATION CLUB
P.O. BOX 183
BERLIN HTS., OH 44814

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

235657

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

THE BERLIN TOWNSHIP FARMERS' AND HUNTERS' CONSERVATION CLUB

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

Document(s):

SUBSEQUENT AGENT APPOINTMENT

Document No(s):

201236201715



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.

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

RECEIVED
 DEC 26 2012

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 The BERLIN TOWNSHIP FARMERS' AND HUNTERS' CONSERVATION CLUB

 Charter, License or Registration No. 235657

 Name of Current Agent BOTH DECEASED

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

 Name and Address
 of New Agent

Keith Hayes
 Name of Agent

12506 Chapin Rd.
 Mailing Address

Berlin Hts.
 City

Ohio
 State

44814
 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.

Sandra K. Schuh, Treasurer
Authorized Representative

By (if applicable)

Sandra K. Schuh
Print Name

Authorized Representative

By (if applicable)

Print Name