



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/08/2013	201303801281	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

BARKAN & ROBON, LTD.
ATTN: CHERYL ZIMMERMAN
1701 WOODLANDS DR., SUITE 100
MAUMEE, OH 43537

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2046436**

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

BARRIE HOWELL, INC.

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

Document(s):

SUBSEQUENT AGENT APPOINTMENT

Document No(s):

201303801281

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 23rd day of January, A.D.
2013.

Ohio Secretary of State

02/07/2013

11:30AM

FROM: BARRIE HOWELL

From: unknown

Page: 4/29

Date: 2/7/2013 11:35:14 AM

1-800

1-800

1-800



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)
- ☐ 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 **Barrie Howell, Inc.**Charter, License or Registration No. **2046436**Name of Current Agent **Tim A. Ault**

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

Name and Address
of New Agent**Barrie Howell**

Name of Agent

28315 Kensington Lane

Mailing Address

Perrysburg

City

Ohio

State

43551

Zip Code

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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, Barrie Howell, named herein as the
Name of Agent

statutory agent for Barrie Howell, Inc., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Barrie Howell
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

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

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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)

Barrie Howell, President

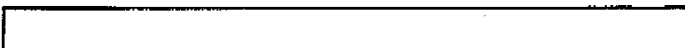
Print Name



Authorized Representative



By (if applicable)



Print Name