DOC ID ----> 201316200153

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/11/2013	201316200153	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

SOFFSEAL, INC.
ATTN JEFFREY HUBERT
104 MAY DR
HARRISON, OH 45030

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

645627

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

SOFFSEAL, INC.

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

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**201316200153**

Effective Date: 06/10/2013

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 11th day of June, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201316200153

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

2013 JUN 11 PM 2:21

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [X] 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: SoffSeal, Inc

Charter, License or Registration No.: 645627

Name of Current Agent: Monte V. Stetler

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

Name and Address of New Agent

Jeffrey T. Hubert
Name of Agent

104 May Dr.
Mailing Address

Harrison (City) | Ohio (State) | 45030 (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, Jeffrey T. Hubert (Name of Agent), named herein as the statutory agent for SoffSeal, Inc (Name of Business Entity), hereby acknowledges 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

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.

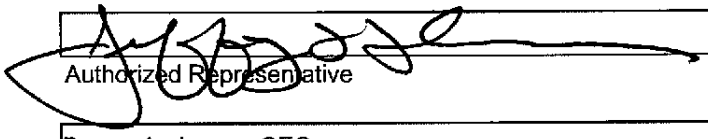
Mailing Address

City | State | Zip Code

DOC ID ----> 201316200153

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

Donna Anderson, CEO

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.

Jeffrey T. Hubert

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