DOC ID ----> 201323900488

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/27/2013	201323900488	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00		.00	.00

Receipt

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

ROLF GOFFMAN MARTIN LANG LLP
ATTN: ERIC J. BONSALL
30100 CHAGRIN BLVD, STE 350
CLEVELAND, OH 44124

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2028232

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

9964 VAIL DRIVE, LLC

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

Document(s)	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**201323900488**

Effective Date: 08/26/2013

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 27th day of August, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201323900488

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: 9964 Vail Drive, LLC

Charter, License or Registration No.: 2028232

Name of Current Agent: 350 Corporate Circle, Inc.

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

Name and Address of New Agent

Laura Adelman, D.M.D.
Name of Agent

9964 Vail Drive
Mailing Address

Twinsburg
City

Ohio
State

44087
Zip Code

2013 AUG 29 AM 11:55

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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, Laura Adelman, D.M.D. (Name of Agent), named herein as the statutory agent for 9964 Vail Drive, LLC (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

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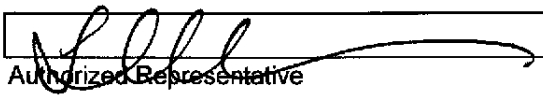
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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



Authorized Representative

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.

Laura Adelman, D.M.D.

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