



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/26/2013	201326801429	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00		.00	.00

Receipt

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

NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.
WILLIE F AUSTIN
4800 PAYNE AVENUE
CLEVELAND, OH 44103

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**359442**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

201326801429**Effective Date: 09/23/2013**

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 26th day of September,
A.D. 2013.

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

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 **NorthEast Ohio Neighborhood Health Services, Inc.**Charter, License or Registration No. **359442**Name of Current Agent **Willie F. Austin**

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

Name and Address
of New Agent

Name of Agent

Mailing Address

City

Ohio
State

Zip Code

2013 SEP 23 PM 3:01

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,

Name of Agent

, named herein as the

statutory agent for

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

4800 Payne Avenue

Mailing Address

Cleveland

City

Ohio

State

44103

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

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.

NorthEast Ohio Neighborhood Health Services, Inc.
Authorized Representative

Willie F. Austin
By (if applicable)

Willie F. Austin
Print Name

Authorized Representative

By (if applicable)

Print Name