



| DATE:      | DOCUMENT ID  | DESCRIPTION                                 | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|---------------------------------------------|--------|-------|---------|------|------|
| 12/11/2013 | 201334401403 | DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS) | 25.00  | .00   |         | .00  | .00  |

**Receipt**

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

OBERLIN EARLY CHILDHOOD CENTER  
JENNIFER HARRIS  
317 E COLLEGE  
OBERLIN, OH 44074

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****440620**

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

**THE OBERLIN EARLY CHILDHOOD CENTER**

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

Document(s)

Document No(s):

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT****201334401403****Effective Date: 12/09/2013**

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 December,  
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](http://www.OhioSecretaryofState.gov)  
[Bussserv@OhioSecretaryofState.gov](mailto:Bussserv@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

Oberlin Early Childhood Center

Charter, License or Registration No.

440620

Name of Current Agent

Barbara Feldman

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

Name and Address  
 of New Agent

Jennifer Harris  
 Name of Agent

317 E. College  
 Mailing Address

Oberlin  
 City

OH  
 State

44074  
 Zip Code

**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,

Jennifer Harris  
Name of Agent

, named herein as the

statutory agent for

Obertin Early Childhood Center  
Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:

[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

317 E. College St.  
Mailing Address

Obertin  
City

OH  
State

44004  
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

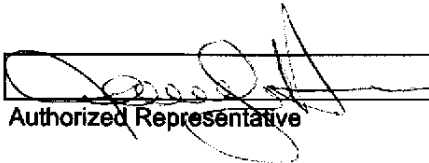
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**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.

  
Authorized Representative

By (if applicable)

  
Print Name

Authorized Representative

By (if applicable)

Print Name