



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/12/2013	201334600758	AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP (LAG)	25.00	.00		.00	.00

Receipt

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

BLACK RIVER CORPORATE SERVICES INC
SHIRLEY M BARSAN, SECRETARY
35765 CHESTER ROAD
AVON, OH 44011-1262

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1527197**

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

JJJ ASSOCIATES OF OBERLIN LLC

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

Document(s)

AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP

Document No(s):

201334600758**Effective Date: 12/11/2013**

United States of America
State of Ohio
Office of the Secretary of State

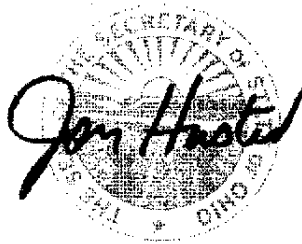
Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 12th day of December,
A.D. 2013.

Ohio Secretary of State

From: 440-695-8098

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Date: 12/11/2013 2:19:32 PM



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)

2013 DEC 11 PM 2:52

Name of Entity Charter, License or Registration No. Name of Current Agent

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

Name and Address of New Agent

Name of Agent

Mailing Address

City

 State

 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, , named herein as the
Name of Agent
statutory agent for , hereby acknowledges
Name of Business Entity
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 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).

Black River Corporate Services, Inc.

Authorized Representative

Shirley M. Barsan, Secretary

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.

Shirley M. Barsan, Secretary

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