



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/09/2014	201400900819	AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS (LAD)	25.00	.00		.00	.00

Receipt

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

SAMCO APPRAISAL MANAGEMENT COMPANY LLC
ATTN: JOHN R. SHIVES
2575 PREBLE BUTLER ROAD
GREENVILLE, OH 45331

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1789546**

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

SAMCO APPRAISAL MANAGEMENT COMPANY, LLC

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

Document(s)

AGENT ADDRESS CHANGE/LIMITED/LIABILITY/PARTNERS

Document No(s):

201400900819**Effective Date: 01/06/2014**

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 9th day of January, A.D.
2014.

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)

2014 JAN -6 AM 10:24

Name of Entity **SAMCO APPRAISAL MANAGEMENT COMPANY, LLC**Charter, License or Registration No. **1789546**Name of Current Agent **JOHN R. SHIVES****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

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
2575 PREBLE BUTLER RD
Mailing Address

GREENVILLE

City

Ohio

State

45331

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

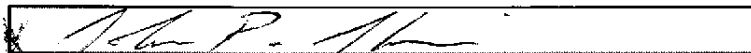
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

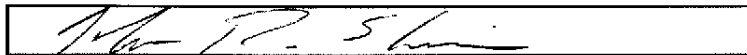
Agent update must be signed by an authorized representative (see instructions for specific information).

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)

JOHN R. SHIVES

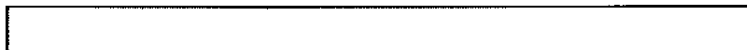
Print Name



Authorized Representative



By (if applicable)



Print Name