DOC ID ----> 201412001246

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2014	201412001246	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

CIRCLE POINTE INC
CLEOPHAS D SLONE
224 S COURT ST - #207
CIRCLEVILLE, OH 43113

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2265614

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

CIRCLE POINTE INC

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

Document(s):	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**201412001246**

Effective Date: 04/30/2014

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 1st day of May, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201412001246

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

2014 APR 30 AM 11:39

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [x] 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: CIRCLE POINTE INC

Charter, License or Registration No.: 2265614

Name of Current Agent: MARK CHRVILLE

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

Name and Address of New Agent

CLEOPHAS D. SLONE
Name of Agent

224 SOUTH COURT ST # 207
Mailing Address

CIRCLEVILLE | OH | 43113
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, CLEOPHAS D. SLONE (Name of Agent), named herein as the statutory agent for CIRCLE POINTE INC (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Cleophas D Slone

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

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.

CIRCLE POINTE INC
Authorized Representative

Cleophas D. Sloan
By (if applicable)

CLEOPHAS D. SLOANE
Print Name

Authorized Representative

By (if applicable)

Print Name