



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/15/2014	201413401372	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

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

BILL PATTERSON
2711 BRIANLANE BLVD
COLUMBUS, OH 43231

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
97251

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

THE LAMBDA CHI ALPHA HOME COMPANY OF THE OHIO UNIVERSITY

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Effective Date: 05/14/2014

Document No(s):

201413401372



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
15th day of May, 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 786
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1380
 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 Lambda Chi Alpha Home Company of Ohio UniversityCharter, License or Registration No 97251Name of Current Agent Steve Breitenstein

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

Name and Address of New Agent

Bill Patterson
 Name of Agent

2711 Briarlane Blvd.
 Mailing Address

Columbus
 City

Ohio
 State

43231
 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, Bill Patterson, named herein as the
Name of Agent

statutory agent for Lambda Chi Alpha Home Company of Ohio University, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Bill Patterson
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
 Ohio
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).

Christopher M. Gengola
Authorized Representative

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.

Christopher M. Gengola
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