



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/01/2014	201418201296	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.

AMARANTHA GRAND CHAPTER O.E.S. ETC.
ATTN B LEDBETTER-ROSS
5000 FOLGER DR
COLUMBUS, OH 43227

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
119194

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AMARANTHA GRAND CHAPTER O.E.S. STATE OF OHIO AND JURISDICTION

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Effective Date: 07/01/2014

Document No(s):

201418201296



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 July, 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
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 AMARANTH GRAND CHAPTER O.E.S STATE OF OHIO ANDCharter, License or Registration No. 119194

Jurisdiction

Name of Current Agent BETTY A. BRADSHAW

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

Name and Address
of New Agent
BRENDA LEDBETTER - ROSS
 Name of Agent

5000 FOLGER DRIVE
 Mailing Address

Columbus
 City

Ohio
 State

43227
 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,

BRENDA LEDBETTER-ROSS
Name of Agent

, named herein as the

statutory agent for

AMARANTH GRAND CHAPTER O.E.S. STATE
Name of Business Entity

, hereby acknowledges

OF OHIO AND JURISDICTION

and accepts the appointment of statutory agent for said entity.

Signature:

Brenda Ledbetter-Ross

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

City

Ohio

State

Zip Code

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.

Brenda Leibetter-Ross
Authorized Representative

By (if applicable)

BRENDA LEIBETTER-ROSS
Print Name

Authorized Representative

By (if applicable)

Print Name