



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/21/2014	201423201100	SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER (LSA)	25.00	100.00	0.00	0.00	0.00

Receipt

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

ERIC R. HOFFMAN
5910 LANDERBROOK DRIVE
SUITE 200
CLEVELAND, OH 44124

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1729617

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

INVERTED HEALTHCARE STAFFING, LLC

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

Document(s)

SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER

Effective Date: 08/20/2014

Document No(s):

201423201100



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
21st day of August, 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

2014 AUG 20 AM 10:42

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-LAG)
☐ Business Trust (153-LAG)
☐ Real Estate Investment Trust (153-LAG)

Name of Entity **Inverted Healthcare Staffing, LLC**Charter, License or Registration No. **1729617**Name of Current Agent **Paul Grigsby****Complete the information in this section if box (1) is checked**

Name and Address of New Agent

Erick LaGroux

Name of Agent

8392 Tod Avenue

Mailing Address

Boardman

City

Ohio

State

44512

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, Erick LaGroux, named herein as the
Name of Agent

statutory agent for Inverted Healthcare Staffing, LLC, 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 Business Serving as Agent

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

New Address of Agent

9392 Toston Ave
Mailing Address

Bowling Green
City

OH
State

43402
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

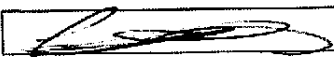
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

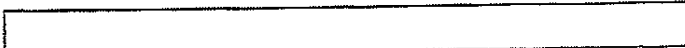
Agent update must be signed by an authorized representative (see instructions for specific information).

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.



Authorized Representative



By (if applicable)

Erick LaGroux

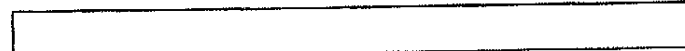
Print Name



Authorized Representative



By (if applicable)



Print Name