DOC ID ----> 201432802229

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/25/2014	201432802229	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	0.00	0.00	0.00	0.00

Receipt

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

ZAINO & HUMPHREY, LPA
ATTN:KATHY CROSSLAND
5775 PERIMETER DR.,#275
DUBLIN, OH 43017-3223

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
1120999

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

5151 POST ROAD, LLC

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

Document(s)	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**201432802229**
Effective Date: 11/24/2014	

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 25th day of November, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201432802229

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 NOV 19 AM 9:36

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)

2014 NOV 24 AM 8:23

Name of Entity: 5151 Post Road, LLC

Charter, License or Registration No.: 1120999

Name of Current Agent: Kenneth D. Boltz

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

Name and Address of New Agent

Z&H Services, Inc.
Name of Agent

5775 Perimeter Drive, Suite 275
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

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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, Z&H Services, Inc. (Name of Agent), named herein as the statutory agent for 5151 Post Road, LLC (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Carole D Weiss, VP

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

Carole D. Weiss, Vice President of Z&H Services, Inc.

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

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From: 614 799 1500 Page: 5/5 Date: 11/19/2014 8:33:25 AM

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)

Michael J. Rengert
Print Name

Authorized Representative

By (if applicable)

Print Name

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