DOC ID ----> 201434201398

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|---|---|---|---|---|---|---|---|
| 12/08/2014 | 201434201398 | SUBSEQUENT AGENT APPOINTMENT (LSA) | 25.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

CT CORPORATION SYSTEM
ATTN: CHRIS RICKARD
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2225813**

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

**SMX, LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **SUBSEQUENT AGENT APPOINTMENT** | **201434201398** |

**Effective Date: 12/05/2014**

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 8th day of December, A.D. 2014.

Jon Husted

**Ohio Secretary of State**

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**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

# 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)

2014 DEC -1 PM 12:16

Name of Entity: SMX, LLC

Charter, License or Registration No.: 2225813

Name of Current Agent: CSC-LAWYERS INCORPORATING SERVICE (CORPORATION SERVICE COMPANY)

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

Name and Address of New Agent

C T Corporation System
Name of Agent

1300 East 9th Street
Mailing Address

Cleveland (City) | Ohio (State) | 44114 (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, _____ , named herein as the
Name of Agent

statutory agent for _____ , 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 _____
Mailing Address

_____ Ohio _____
City 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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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)

James Defebaugh, Manager
Print Name

Authorized Representative

By (if applicable)

Print Name



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