DOC ID ----> 201500502336

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 01/06/2015 | 201500502336 | LIMITED LIABILITY COMPANY - AMENDMENT (LAM) | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

FOLKERTH, HADDOW & DAVIS
HOWARD J. HADDOW
250 CIVIC CENTER DR. #460
COLUMBUS, OH 43215-5086

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2321663**

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

**DIRECTOR ONE, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

**Effective Date: 12/31/2014**

Document No(s):

**201500502336**

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 6th day of January, A.D. 2015.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201500502336

**Form 543A Prescribed by:**
**Ohio Secretary of State**
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 1329
Columbus, OH 43216

Expedite Filing **(Two-business day processing time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

2014 DEC 31 AM 10:12

# Domestic Limited Liability Company Certificate of Amendment or Restatement

## Filing Fee: $50

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

August 27, 2014
Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Circleville General, LLC
Name of limited liability company

2321663
Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

Director One, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: perpetual
Period of Existence

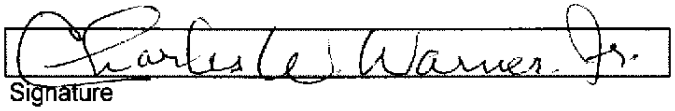
Purpose

**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**
Must be signed by a member, manager or other representative.

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.



Signature

By (if applicable)

Charles W. Warner, Jr.

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name