



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/16/2015	201501501390	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

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

MATTHEW AICHHOLZ
1004 SUNSET DR
SANDUSKY, OH 44870

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
143332

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

THE BAY VIEW PROPERTY OWNERS ASSOCIATION

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Effective Date: 01/13/2015

Document No(s):

201501501390



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
16th day of January, A.D. 2015.

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

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 **THE BAYVIEW PROPERTY OWNERS ASSOCIATION**Charter, License or Registration No. **143332**Name of Current Agent **THOMAS A. PURVIS**

2015 JAN 13 PM 12:00

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

Name and Address of New Agent

MATTHEW AICHHOLZ

Name of Agent

1004 Sunset Plaza

Mailing Address

Sandusky

City

Ohio

State

44870

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,

MATTHEW AICHHOLZ

Name of Agent

, named herein as the

statutory agent for

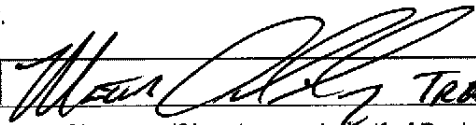
THE BAYVIEW PROPERTY OWNERS ASSOCIATION

Name of Business Entity

, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:


 TREASURER

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

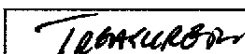
Agent update must be signed by an authorized representative (see instructions for specific information).

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.



Authorized Representative



By (if applicable)

MATTHEW AICHHOLZ

Print Name

Authorized Representative

By (if applicable)

Print Name