DOC ID ----> 201602002000

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/20/2016	201602002000	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.

LEXAMED, LTD.
ROCILE E. PARTON
705 FRONT STREET
TOLEDO, OH 43605

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
1582696

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

LEXAMED, LTD.

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201602002000**

Effective Date: 01/19/2016

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 20th day of January, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201602002000

Form 521 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 768
Columbus, OH 43216

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

2016 JAN 19 PM 4:17

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: LexaMed, Ltd.

Charter, License or Registration No.: 1582696

Name of Current Agent: H. Jeffery Leverenz

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

Name and Address of New Agent

Rocile E. Parton
Name of Agent

705 Front Street
Mailing Address

Toledo (City) | Ohio (State) | 43605 (Zip Code)

DOC ID ----> 201602002000

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, Rocile E. Parton (Name of Agent), named herein as the

statutory agent for LexaMed, Ltd. (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: Rocile E. Parton

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).

Rocile E. Parton
Authorized Representative

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Rocile E. Parton
Print Name

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)

Print Name