DOC ID ----> 201615302710

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/02/2016	201615302710	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.

MCKEAN & MCKEAN
ALAN R MCKEAN
132 W WATER STREET
OAK HARBOR, OH 43449

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1863575

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

NEDIA, LLC

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Document No(s):

201615302710

Effective Date: 05/25/2016

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 2nd day of June, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201615302710

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 788
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $50.00)
P.O. Box 1390
Columbus, OH 43216

2016 MAY 25 PM 1:31

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: Nedia, LLC

Charter, License or Registration No.: 1863575

Name of Current Agent: Kevin M. Ferguson

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

Name and Address of New Agent

Alan R. McKean
Name of Agent

132 W. Water Street
Mailing Address

Oak Harbor
City

Ohio
State

43449
Zip Code

DOC ID ----> 201615302710

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, Alan R. McKean (Name of Agent), named herein as the statutory agent for Nedia, LLC (Name of Business Entity), hereby acknowledges 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

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.

Brooke L Barthelmas

Authorized Representative

Manager and Sole Member

By (if applicable)

Brooke L. Barthelmas aka Brooke L. West

Print Name

Authorized Representative

By (if applicable)

Print Name