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|------------|--------------|----------------------------|--------|-------|---------|------|------|
| 08/24/2016 | 201623602564 | AGENT ADDRESS CHANGE (AGA) | 25.00  | 0.00  | 0.00    | 0.00 | 0.00 |

**Receipt**

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

PASTORAL COUNSELING SERVICE OF SUMMIT COUNTY  
ATTN: BYRON ARLEDGE  
611 W MARKET ST  
AKRON, OH 44303

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**551145**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**PASTORAL COUNSELING SERVICE OF SUMMIT COUNTY**

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

Document(s)

**AGENT ADDRESS CHANGE**

Document No(s):

**201623602564**

Effective Date: 08/15/2016



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  
24th day of August, A.D. 2016.

**Ohio Secretary of State**



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](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)
File online or for more information: [www.OHBusinessCentral.com](http://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 \$100.00)

 P.O. Box 1390  
 Columbus, OH 43216

2016 AUG 15 AM 10:21

**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 Charter, License or Registration No. Name of Current Agent **Complete the information in this section if box (1) is checked**

Name and Address of New Agent

Name of Agent

Mailing Address

City

State

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,

Name of Agent

, named herein as the

statutory agent for

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

611 W Market St

Mailing Address

Akron

City

OH

State

44303

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.

*She for Dr. Byron W. Arledge*  
Authorized Representative

By (if applicable)

*Byron W. Arledge*  
Print Name

Authorized Representative

By (if applicable)

Print Name