



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/19/2017	201701803004	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.

INDUSTRIAL BURNER SERVICES, INC
JEFFREY C. JANSEN
7306 HARRISON AVE
CINCINNATI, OH 45247

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1467977

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

INDUSTRIAL BURNER SERVICES, INC.

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

Document(s)

AGENT ADDRESS CHANGE

Document No(s):

201701803004

Effective Date: 01/09/2017



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
19th day of January, A.D. 2017.

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
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 days processing time.
 Requires an additional \$100.00)

 P.O. Box 1390
 Columbus, OH 43216

 DEC 16 PM 3:02
 2017 JAR-9 PM 9:59

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

7306 Harrison Ave

Mailing Address

Cincinnati

City

OH

State

45247

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

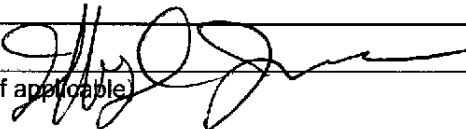
Agent update must be signed by an authorized representative (see instructions for specific information).

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.

Jeffrey C. Jansen

Authorized Representative

By (if applicable) 

Jeffrey C. Jansen

Print Name

Authorized Representative

By (if applicable)

Print Name