DOC ID ----> 201703302462

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 02/02/2017 | 201703302462 | Subsequent Agent Appointment (FGS) | 25.00 | | | | 0 |

**Receipt**

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

**CT CORPORATION**
**4400 EASTON COMMONS WAY**
**SUITE 125**
**COLUMBUS, OH, 43219**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Jon Husted

**2334016**

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

**AMH 2014-3 EQUITY OWNER, LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **Subsequent Agent Appointment** | **201703302462** |

**Effective Date: 02/02/2017**

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 2nd day of February, A.D. 2017.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201703302462

**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*

Date Electronically Filed: 2/2/2017

# 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: AMH 2014-3 EQUITY OWNER, LLC

Charter, License or Registration No.: 2334016

Name of Current Agent: NATIONAL REGISTERED AGENTS, INC.

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

Name and Address of New Agent

C T CORPORATION SYSTEM
Name of Agent

1300 EAST 9TH STREET
Mailing Address

CLEVELAND
City

OH
State

44114
ZIP Code

DOC ID ----> 201703302462

**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, _____ , named herein as the
Name of Agent

statutory agent for _____ , hereby acknowledges
Name of Business Entity

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 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

DOC ID ----> 201703302462

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.

MELISSA NOLAN
Authorized Representative

By (if applicable)

Print Name

Authorized Representative

By (if applicable)

Print Name

DOC ID ----> 201703302462

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

**Please return the approval certificate to:**

Name: _____
(Individual or Business Name)

To the attention of: _____
(If necessary)

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone Number: _____ E-mail Address: _____

☐ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

**Please submit the required filing fee by completing the attached Credit Card Authorization Form or include a check or money order made payable to "Ohio Secretary of State" for the exact fee. Pursuant to Ohio law, overpayments of $10.00 or less will not be refunded.**

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

○ **Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

○ **Expedite Service 1:** By including an Expedite fee of $100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

○ **Expedite Service 2:** By including an Expedite fee of $200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office.**This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Expedite Service 3:** By including an Expedite fee of $300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.

Last Revised: 9/12/2016

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 $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: AMH 2014-3 EQUITY OWNER, LLC

Charter, License or Registration No.: 2334016

Name of Current Agent: NATIONAL REGISTERED AGENTS, INC.

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

Name and Address of New Agent

C T Corporation System
Name of Agent

1300 East 9th Street
Mailing Address

Cleveland (City) | Ohio (State) | 44114 (Zip Code)



OH012 - 09/21/2016 Wolters Kluwer Online

**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, _____ , named herein as the
Name of Agent

statutory agent for _____ , hereby acknowledges
Name of Business Entity

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

_____ Ohio _____
City 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



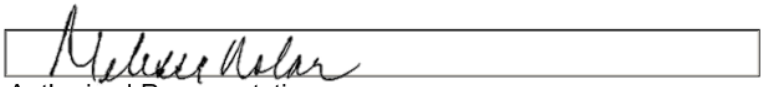
OH012 - 09/21/2016 Wolters Kluwer Online

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)

Melissa Nolan, Manager

Print Name

Authorized Representative

By (if applicable)

Print Name



OH012 - 09/21/2016 Wolters Kluwer Online

DOC ID ----> 201703302462

# Instructions for Statutory Agent Update

This form should be used to update statutory agent information for a corporation, limited partnership, limited liability company, partnership or business trust. If a corporation, limited partnership or limited liability company or business trust would like to appoint a new statutory agent, please select box 1. If a corporation, limited partnership, limited liability company, or business trust would like to change the address of the current agent, please select box 2. If the agent of a corporation, limited partnership, limited liability company, partnership, or business trust would like to resign from their position, please select box 3.

A partnership and limited liability partnership must complete a statement of amendment to appoint a new agent or change the address of the current agent.

**Entity Information**
The corporation, limited partnership, limited liability company, partnership, or business trust must provide its name, charter/license/registration number and the name of the current agent. The current agent's name must be the same as the agent listed in our office's records.

**Appointment of New Agent**
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1782.04, 1705.06 and 1746.04, a corporation, limited partnership, limited liability corporation and business trust must appoint and maintain a statutory agent to accept service of process on behalf of the entity. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation , nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

If the entity is a **domestic** corporation, limited liability partnership, limited liability company or business trust, the statutory agent must sign the Acceptance of Appointment on Page 2. The agent of a **foreign** entity does not have to accept appointment by signing the form.

**Change of Address of an Agent**
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1782.04, 1705.06 and 1746.04, a corporation, limited partnership, limited liability company and business trust must appoint and maintain a statutory agent to accept service of process on behalf of the entity. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

**Resignation of Agent**
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1705.06, 1776.07, 1782.04, 1705.06 and 1746.04, an agent may resign by filing this form, stating their intent to resign and providing the current or last known address of the entity's principal office. On the date of filing this form with our office or prior to that date, the agent must send a copy of the resignation form to the current or last known address of the entity's principal office.



OH012 - 09/21/2016 Wolters Kluwer Online

For a domestic for-profit corporation, partnership, limited partnership, limited liability company and business trust, thirty days after the filing of this form, the authority of the agent will terminate. For a domestic nonprofit corporation or a foreign corporation, sixty days after the filing of this form, the authority of the agent will terminate.

**Additional Provisions**
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

**Signature(s)**
After completing all information on the filing form, please make sure to sign the form. If the entity is a domestic corporation, the form must be signed by the incorporators or a corporate officer. If the entity is a foreign corporation, the form must be signed by an authorized representative. If the entity is a domestic or foreign limited partnership, the form must be signed by an officer, all of the general partners or a majority of the general partners. If the entity is a domestic or foreign limited liability company, the form must be signed by a member, manager or an authorized representative. If the entity is a business trust, an authorized representative must sign. If the form is used for an agent's resignation, the resigning agent must sign the form.

****Note: Our office cannot file or record a document that contains a social security number or tax identifications number. Please do not enter a social security number or tax identification number, in any format, on this form.**



OH012 - 09/21/2016 Wolters Kluwer Online