DOC ID ----> 201710102144

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/11/2017	201710102144	AGENT ADDRESS CHANGE (AGA)	25.00				0

Receipt

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

NICK GIAERLLI
8638 TWINBROOK RD. UNIT 3
MENTOR, OH, 44060

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1225594

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

WAVE IMAGING SOLUTIONS CORP.

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE	**201710102144**

Effective Date: 04/11/2017

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 11th day of April, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201710102144

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: 4/11/2017

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: WAVE IMAGING SOLUTIONS CORP.

Charter, License or Registration No.: 1225594

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

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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

5275 DEER RIDGE
Mailing Address

MENTOR
City

OH
State

44060
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 ----> 201710102144

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.

NICK GIARELLI
Authorized Representative

By (if applicable)

Print Name

Authorized Representative

By (if applicable)

Print Name