DOC ID ----> 201720901556

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/28/2017	201720901556	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

WICKENS, HERZER, PANZA, COOK & BATISTA
ATTN: MARY MCCARTY, PARALEGAL
35765 CHESTER ROAD
AVON, OH 44011

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

534543

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

IMPACT COMMUNICATIONS CO.

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201720901556**

Effective Date: 07/28/2017

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 28th day of July, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201720901556

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
bussery@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

2017 JUL 28 P 10:37

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [X] 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: Impact Communications Co.

Charter, License or Registration No.: 534543

Name of Current Agent: HL Statutory Agent, Inc.

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

Name and Address of New Agent

Black River Corporate Services, Inc.
Name of Agent

35765 Chester Road
Mailing Address

Avon (City) | Ohio (State) | 44011-1262 (Zip Code)

DOC ID ----> 201720901556

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, Black River Corporate Services, Inc. (Name of Agent), named herein as the statutory agent for Impact Communications Co. (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Mary Beth McCarthy, Assistant Sec.

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

DOC ID ----> 201720901556

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.

Robert T. MacDonald
Authorized Representative

By (if applicable)

Robert T. MacDonald, President
Print Name

Authorized Representative

By (if applicable)

Print Name