DOC ID ----> 201722100704

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/09/2017	201722100704	AGENT ADDRESS CHANGE (LAD)	25.00				0

Receipt

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

ZIGULIS EYE CARE, INC.
3335 MEIJER DR SUITE 200
TOLEDO, OH, 43617 3105

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2432747

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

JTZIG1 LLC

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE	**201722100704**

Effective Date: 08/09/2017

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 9th day of August, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201722100704

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: 8/9/2017

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: JTZIG1 LLC

Charter, License or Registration No.: 2432747

Name of Current Agent: JEFFREY ZIGULIS

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, _____ , 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

3212 LEXINGTON GLEN BLVD
Mailing Address

MONCLOVA
City

OH
State

46542
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 ZIGULIS
Authorized Representative

By (if applicable)

Print Name

Authorized Representative

By (if applicable)

Print Name