DOC ID ----> 201807801646

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/19/2018	201807801646	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00				0

Receipt

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

COGENCY GLOBAL INC.
212 S. TRYON STREET
SUITE 1000
CHARLOTTE, NC, 28281

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1242890

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

EMERGENCY RESPONSE AND TRAINING SOLUTIONS, INCORPORATED

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201807801646**

Effective Date: 03/19/2018

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 March, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201807801646

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 3/19/2018

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*

For screen readers, follow instructions located at this path.

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(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: EMERGENCY RESPONSE AND TRAINING SOLUTIONS, INCORPORATED

Charter, License or Registration No.: 1242890

Name of Current Agent: CLAYTON RICHTER

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

Name and Address of New Agent

COGENCY GLOBAL INC.
Name of Agent

3958-D BROWN PARK DRIVE
Mailing Address

HILLIARD (City) | OH (State) | 43026 (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, COGENCY GLOBAL INC. (Name of Agent), named herein as the

statutory agent for EMERGENCY RESPONSE AND TRAINING SOLUTIONS, INCORPORATE (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: SEAN HONAN, ASSISTANT SECRETARY

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

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.

DONNA PORESKY
Signature

VICE PRESIDENT
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name