DOC ID ----> 201910600700

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/16/2019	201910600700	AGENT ADDRESS CHANGE (AGA)	25.00				0

Receipt

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

CHRIS PHOMMASATHIT
3593 REFUGEE RD SUITE C
COLUMBUS, OH, 43232

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

1635556

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

WORKLINE SOLUTIONS INC.

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

Document(s)	Document No(s):
AGENT ADDRESS CHANGE	**201910600700**

Effective Date: 04/16/2019

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 16th day of April, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201910600700

Form 521 Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 4/16/2019

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

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

(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: WORKLINE SOLUTIONS INC.

Charter, License or Registration No.: 1635556

Name of Current Agent: CHRISOTPHER PHOMMASATHIT

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

Name and Address of New Agent

Name of Agent

Mailing Address

City | OH (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

3593 REFUGEE RD SUITE C
Mailing Address

COLUMBUS
City

OH
State

43232
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.

WORKLINE SOLUTIONS
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name