



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/24/2019	201911302528	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

AMARANTH GRAND CHAPTER O.E.S. STATE OF OHIO
AND JURISDICTION - SHEILA FRANCIS
50 HAMILTON PARK, BOX B
COLUMBUS, OH 43203

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
119194

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

AMARANTH GRAND CHAPTER O.E.S. STATE OF OHIO AND JURISDICTION

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Effective Date: 04/22/2019

Document No(s):

201911302528



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
24th day of April, A.D. 2019.

Ohio Secretary of State

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

Busserv@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.

P.O. Box 1390 Requires an additional \$100.00.)

Columbus, OH 43216

**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 Amaranth Grand Chapter O.E.S. State of Ohio and JurisdictionCharter, License or Registration No. 119194Name of Current Agent Brenda Ledbetter-Ross**Complete the information in this section if box (1) is checked**

Name and Address of New Agent

Shelia Francis

Name of Agent

50 Hamilton Park, Box B

Mailing Address

Columbus

City

OH

State

43203

ZIP Code

RECEIVED
 SECRETARY OF STATE
 2019 APR 22 PM 12:24
 CLIENT SERVICE CENTER

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, Shelia Francis, named herein as the
Name of Agent

statutory agent for Amaranth Grand Chapter O.E.S. State of Ohio and Jurisdiction, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Shelia Francis
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

OH
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.

Shelia J. Francis

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Shelia J. Francis

Print Name