DOC ID ----> 201921103412

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/31/2019	201921103412	AGENT RESIGNATION (AGR)	25.00	0.00	0.00	0.00

Receipt

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

MEYERS ROMAN FRIEDBERG & LEWIS
ATTN: LINDA A. CSEPI
28601 CHAGRIN BLVD., SUITE 600
CLEVELAND, OH 44122

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
2435585

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

PACE DRIVER'S, INC.

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

Document(s)
AGENT RESIGNATION

Document No(s):
201921103412

Effective Date: 07/30/2019

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 31st day of July, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201921103412

Form 521 Prescribed by:

OFFICE OF THE
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. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2019 JUL 30 AM 9:51

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: Pace Driver's, Inc.

Charter, License or Registration No.: 2435585

Name of Current Agent: Highland Park Service Corp.

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

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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, _____ (Name of Agent), named herein as the statutory agent for _____ (Name of Business Entity), hereby acknowledges 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

_____
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.

647 Treeside Lane
Mailing Address

Avon Lake Ohio 44012
City State Zip Code

DOC ID ----> 201921103412

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

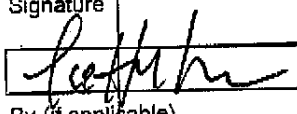
Agent update must be signed by an authorized representative (see instructions for specific information).

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.

Highland Park Service Corp.

Signature



By (if applicable)

Scott M. Lewis, Vice President

Print Name

Signature

By (if applicable)

Print Name