DOC ID ----> 202014001324

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/19/2020	202014001324	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00				0

Receipt

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

PAUL J. M. KASAPIS
5300 S. CLEVELAND AVENUE
CANTON, OH, 44707

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4273490

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

OMEGA HEALTHCARE SERVICES, INC.

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**202014001324**

Effective Date: 05/19/2020

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 May, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202014001324

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 5/19/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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: OMEGA HEALTHCARE SERVICES, INC.

Charter, License or Registration No.: 4273490

Name of Current Agent: BERVELYN ACHEAMPONG

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

Name and Address of New Agent

ESTHER BERVELYN ACHEAMPONG
Name of Agent

6555 BUSCH BLVD SUITE 105
Mailing Address

COLUMBUS
City

OH
State

43229
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, ESTHER BERVELYN ACHEAMPONG (Name of Agent), named herein as the statutory agent for OMEGA HEALTHCARE SERVICES, INC. (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: ESTHER BERVELYN ACHEAMPONG

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: OH | 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.

ESTHER BERVELYN ACHEAMPONG
Signature

ESTHER BERVELYN ACHEAMPONG
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name