



| DATE       | DOCUMENT ID  | DESCRIPTION                        | FILING | EXPED | CERT | COPY |
|------------|--------------|------------------------------------|--------|-------|------|------|
| 07/06/2020 | 202018801680 | SUBSEQUENT AGENT APPOINTMENT (LSA) | 25.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

MICHAEL R PUTERBAUGH  
2824 WOODLAWN AVE NW  
CANTON, OH 44708

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose  
1493842

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

**CORMEG, LLC**

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

Document(s)

**SUBSEQUENT AGENT APPOINTMENT**

Effective Date: 07/06/2020

Document No(s):

**202018801680**



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  
6th day of July, A.D. 2020.

Ohio Secretary of State

Form 521 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov)[business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

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.

**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 **CORMEG, LLC**Charter, License or Registration No. **1493842**Name of Current Agent **MARK W. STUFFELBEAM****Complete the information in this section if box (1) is checked**

Name and Address of New Agent

**MARY BEERS**

Name of Agent

**4330 BUTTERBRIDGE RD**

Mailing Address

**NORTH LAWRENCE**

City

**OH**

State

**44666**

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, Mary Beers, named herein as the  
Name of Agent

statutory agent for CORMEG, LLC, hereby acknowledges  
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Mary Beers  
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

OH

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

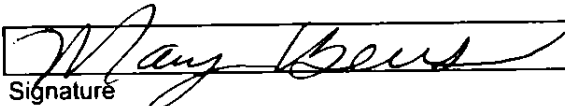
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**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.

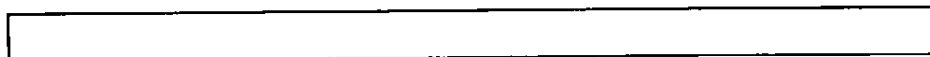
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

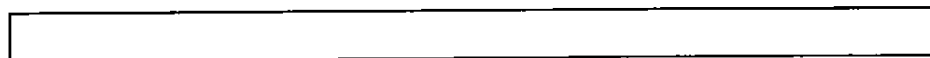
By (if applicable)

Mary Beers

Print Name

  
Signature

By (if applicable)

  
Print Name