DOC ID ----> 202106204714

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 03/03/2021 | 202106204714 | AGENT ADDRESS CHANGE (LAD) | 25.00 | | | | 0 |

**Receipt**

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

**TIRE DISCOUNTERS, INC.**
**200 WEST FOURTH ST.**
**CINCINNATI, OH, 45202**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**880710**

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

**T.D. MANAGEMENT LTD.**

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

| Document(s) | Document No(s): |
|---|---|
| **AGENT ADDRESS CHANGE** | **202106204714** |

**Effective Date: 03/03/2021**

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 3rd day of March, A.D. 2021.

**Ohio Secretary of State**

DOC ID ----> 202106204714

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 3/3/2021

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

- ☐ 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: T.D. MANAGEMENT LTD.

Charter, License or Registration No.: 880710

Name of Current Agent: ROBERT A. OESTREICHER

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

Name and Address of New Agent

Name of Agent

Mailing Address

City | State: OH | 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

200 WEST FOURTH ST
Mailing Address

CINCINNATI
City

OH
State

45202
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.

T.D. MANAGEMENT, LTD.
Signature

CASEY SWARTZ
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name