DOC ID ----> 202107800078

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 03/19/2021 | 202107800078 | SUBSEQUENT AGENT APPOINTMENT (LSA) | 25.00 | | | | 0 |

**Receipt**

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

**TRIFOLD, LLC**
**4920 BRAINARD RD.**
**ORANGE, OH, 44022**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**2176870**

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

**TRIFOLD, LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **SUBSEQUENT AGENT APPOINTMENT** | **202107800078** |

**Effective Date: 03/19/2021**

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 19th day of March, A.D. 2021.

**Ohio Secretary of State**

DOC ID ----> 202107800078

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 3/19/2021

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: TRIFOLD, LLC

Charter, License or Registration No.: 2176870

Name of Current Agent: MICHAEL REZNIK

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

Name and Address of New Agent

LEONID KHODOR
Name of Agent

4920 BRAINARD RD.
Mailing Address

ORANGE
City

OH
State

44022
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, LEONID KHODOR (Name of Agent), named herein as the statutory agent for TRIFOLD, LLC (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: LEONID KHODOR

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.

TRIFOLD, LLC
Signature

LEONID KHODOR
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name