



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/22/2021	202117300716	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

JEFFERSON CENTER FOR LEARNING AND THE ARTS
65 JEFFERSON AVENUE
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
464379

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

THE JEFFERSON CENTER FOR LEARNING AND THE ARTS

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Effective Date: 06/22/2021

Document No(s):

202117300716



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
22nd day of June, A.D. 2021.

Ohio Secretary of State

Form 521 Prescribed by:

FRANK LAROSE
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

RECEIVED

Statutory Agent Update
Filing Fee: \$25
Form Must Be Typed

SECRETARY OF STATE

(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 **The Jefferson Center for Learning and the Arts**Charter, License or Registration No. **464379**Name of Current Agent **Statutory Agent Corporation****Complete the information in this section if box (1) is checked**

Name and Address of New Agent

Lawrence L. Fisher

Name of Agent

c/o The Jefferson Center for Learning & the Arts, 65 Jefferson Avenue

Mailing Address

Columbus

City

OH

State

43215

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, Lawrence L. Fisher, named herein as the
Name of Agent

statutory agent for The Jefferson Center for Learning and the Arts, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Lawrence L. Fisher
Individual Agent's Signature/Signature on behalf of Business Serving as Agent
Lawrence L. Fisher

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

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.

52 E. GAY ST
Mailing Address

COLUMBUS
City

OH
State

43215
Zip Code

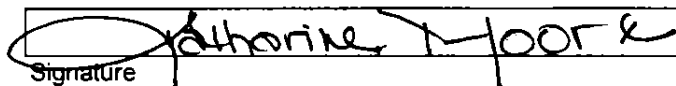
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

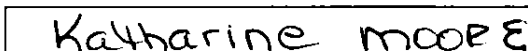
Agent update must be signed by an authorized representative (see instructions for specific information).

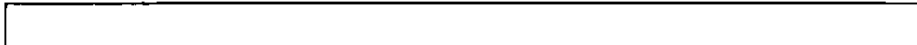
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

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)


Print Name Authorized Representative


Signature

By (if applicable)


Print Name