DOC ID ----> 202205903772

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/28/2022	202205903772	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

Receipt

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

ALERSTALLINGS
255 STERKEL BOULEVARD
MANSFIELD, OH, 44907

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4821975

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

JONES TRUST LLC

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**202205903772**

Effective Date: 02/28/2022

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 28th day of February, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202205903772

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 2/28/2022

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: JONES TRUST LLC

Charter, License or Registration No.: 4821975

Name of Current Agent: ALERSTALLINGS

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

Name and Address of New Agent

KAREN COLEMAN
Name of Agent

8873 CORAL CANYON CIRCLE
Mailing Address

REYNOLDSBURG
City

OH
State

43068
ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLC

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, KAREN COLEMAN (Name of Agent), named herein as the

statutory agent for JONES TRUST LLC (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: KAREN COLEMAN

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.

KAREN COLEMAN
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name