DOC ID ----> 202312200496

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/02/2023	202312200496	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

CINCINNATI TRADITION
190 EWING DR # A
FAIRFIELD, OH 45014

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
676769

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

CINCINNATI TRADITION

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

Document(s)
SUBSEQUENT AGENT APPOINTMENT
Effective Date: 05/01/2023

Document No(s):
202312200496

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 2nd day of May, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202312200496

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

2023 MAY -1 PM 12:45

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

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [x] 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: CINCINNATI TRADITION

Charter, License or Registration No.: 676769

Name of Current Agent: TOM SLADE

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

Name and Address of New Agent

ANDREA L. MEYER
Name of Agent

190 EWING DR. #A
Mailing Address

FAIRFIELD — City
OH — State
45014 — ZIP Code

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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, ANDREA L. MEYER (Name of Agent), named herein as the statutory agent for CINCINNATI TRADITION (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: ANDREA L. MEYER

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

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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.

CINCINNATI TRADITION
Signature

TOM SLADE
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name