



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/15/2024	202407404418	AGENT ADDRESS CHANGE (AGA)	25.00	0.00	0.00	0.00

Receipt

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

SHANNON STAFFING INC
1590-B COSHOCHTON AVE
MOUNT VERNON, OH 43050

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
707022

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SHANNON STAFFING, INC.

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

Document(s)
AGENT ADDRESS CHANGE

Document No(s):
202407404418

Effective Date: 03/14/2024



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
15th day of March, A.D. 2024.


Ohio Secretary of State

Form 521 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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

For screen readers, follow instructions located at this path.

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)

RECEIVED**MAR 14 2024**Name of Entity **SECRETARY OF STATE**Charter, License or Registration No. Name of Current Agent **Complete the information in this section if box (1) is checked**Name and Address
of New Agent

Name of Agent

Mailing Address

City

OH

State

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, , 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
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.

Mailing Address

City

State

Zip Code

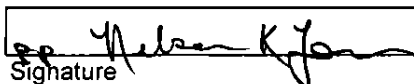
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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.


Signature

President

By (if applicable)

Nelson K Law

Print Name

Signature

By (if applicable)

Print Name