



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/02/2025	202524104054	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

GIFTHEALTH (GIFTHEALTH, INC.)
ACADIA GAVER
266 N 4TH ST STE 200
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4582663

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GIFTHEALTH (GIFTHEALTH, INC.)

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Effective Date: 08/29/2025

Document No(s):

202524104054



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 September, A.D. 2025.

Ohio Secretary of State

Form 521 Prescribed by:

**INSTRUCTIONS**

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 1/2 x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 788
Columbus, OH 43216
OR
Expedite Service:
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

2025 AUG 29 PM 1:47
2025 AUG 15 PM 12:27

(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 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 Statutory Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City

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 Statutory 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

Agent Address (Post office boxes and CMRAs are NOT allowed. See instructions for details.)

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

By (if applicable)

John Romano

Print Name

Signature

By (if applicable)

Print Name