DOC ID ----> 202532901700

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/25/2025	202532901700	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

Receipt

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

ANTHONY O. BUFORD
7694 CORDOBA DR
LIBERTY TOWNSHIP, OH, 45044

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4083502

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

DECK SURGEON, LLC

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**202532901700**

Effective Date: 11/25/2025

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 25th day of November, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202532901700

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 11/25/2025

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: DECK SURGEON, LLC

Charter, License or Registration No.: 4083502

Name of Current Agent: ANTHONY O. BUFORD

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

Name and Address of New Agent

NIXON PIERRE
Name of Agent

7694 CORDOBA DR
Mailing Address

LIBERTY TOWNSHIP
City

OH
State

45044
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, NIXON PIERRE (Name of Agent), named herein as the statutory agent for DECK SURGEON, LLC (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: NIXON PIERRE

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.

DECK SURGEON LLC
Signature

ANTHONY BUFORD
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name