DOC ID ----> 202609904536

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/09/2026	202609904536	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

Receipt

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

HCD LOGISTICS LLC
7229 TAYLORSVILLE RD ROOM 220
HUBER HEIGHTS, OH, 45424

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5157270

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

HCD LOGISTICS LLC

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**202609904536**

Effective Date: 04/09/2026

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 9th day of April, A.D. 2026.

Ohio Secretary of State

DOC ID ----> 202609904536

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 4/9/2026

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: HCD LOGISTICS LLC

Charter, License or Registration No.: 5157270

Name of Current Agent: ISKANDAR ZOKIROV

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

Name and Address of New Agent

ISKANDAR ZOKIROV
Name of Agent

7229 TAYLORSVILLE RD STE 220
Mailing Address

HUBER HEIGHTS | OH | 45424
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, ISKANDAR ZOKIROV (Name of Agent), named herein as the

statutory agent for HCD LOGISTICS LLC (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: ISKANDAR ZOKIROV

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.

HCD LOGISTICS LLC
Signature

By (if applicable)

Print Name

NAGY MUMINOV
Signature

By (if applicable)

Print Name

DOC ID ----> 202609904536

Frank LaRose
Ohio Secretary of State

Telephone: 614.466.3910
Toll-free: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Return Documents To:

Name *(Individual or Business Name)*:

HCD LOGISTICS LLC

Email Address *(Required)*:

hcdlogic@gmail.com

To the Attention of *(If Necessary)*:

Address: 7229 TAYLORSVILLE RD STE 220

City: HUBER HEIGHTS

State: OHIO ZIP Code: 45424

Phone Number: (234) 293-9765

SERVICE TYPE - Check only **ONE** item below.

Expedited Fees are IN ADDITION to the filing fee on the form.
Failure to include the expedite fee or indicate a selection will result in regular service.

- (●) **Regular Service**
  - No Expedite Fee.
  - Processing Time: 3-7 business days.
- ( ) **Expedite Service 1**
  - Fee: $100
  - Processing Time: 2 business days after receipt.
- ( ) **Expedite Service 2**
  - Fee: $200
  - Processing Time: 1 business day after receipt.
- ( ) **Expedite Service 3 (in-person delivery is required)**
  - Fee: $300
  - Processing Time: 4 hours if received by 1:00 p.m. If received after 1:00 p.m., documents will be processed by noon the following business day.
- ( ) **Preclearance Filing**
  - Fee: $50
  - Processing Time: 1-2 business days after receipt.

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

For screen readers, follow instructions located at this path.

INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ 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

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)
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- ☐ Corp (145-AGA)
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(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: HCD LOGISTICS LLC

Charter, License or Registration No.: 5157270

Name of Current Agent: ISKANDAR ZAKIROV

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

Name and Address of New Agent

NAGY MUMINOV
Name of Statutory Agent

7229 TAYLORSVILLE RD ROOM 220
Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

HUBER HEIGHTS — City
OH — State
45424 — 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, NAGY MUMINOV , named herein as the
Name of Statutory Agent

statutory agent for HCD LOGISTICS LLC , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: NAGY MUMINOV
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 | 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.

HCD LOGISTICS LLC
Signature

NAGY MUMINOV
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Instructions for Statutory Agent Update

This form should be used to update statutory agent information for a corporation, limited partnership, limited liability company, partnership or business trust. If a corporation, limited partnership or limited liability company or business trust would like to appoint a new statutory agent, please select box 1. If a corporation, limited partnership, limited liability company, or business trust would like to change the address of the current agent, please select box 2. If the agent of a corporation, limited partnership, limited liability company, partnership, or business trust would like to resign from their position, please select box 3.

A partnership and limited liability partnership must complete a statement of amendment to appoint a new agent or change the address of the current agent.

Entity Information
The corporation, limited partnership, limited liability company, partnership, or business trust must provide its name, charter/license/registration number and the name of the current agent. The current agent's name must be the same as the agent listed in our office's records.

Appointment of Agent - O.R.C. 1701.07, 1702.06, 1703.041, 1782.04, 1706.09, and 1746.04
Ohio business entities and foreign business entities that are registered or licensed in Ohio must appoint and maintain a statutory agent to accept service of process. The statutory agent must be one of the following: (1) A natural person residing in Ohio; or (2) a domestic or foreign business entity with an Ohio address.

Statutory Agent Address Requirements
A statutory agent address may either be the primary residence address of the agent or the usual place of business address. The statutory agent address must be an Ohio address.

Statutory Agent Address Prohibitions
Post Office (P.O.) boxes are **NOT** allowed.
Exception: If a Post Office Box and Rural Route Number are both provided, the address is allowed.

Commercial Mail Receiving Agency (CMRA) addresses are **NOT** allowed. A CMRA is a private business that rents private mailboxes to customers.

Acceptance of Appointment
The statutory agent must sign the Acceptance of Appointment**.**

Change of Address of an Agent
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1782.04, 1706.09 and 1746.04, a corporation, limited partnership, limited liability company and business trust must appoint and maintain a statutory agent to accept service of process on behalf of the entity. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

Resignation of Agent
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1706.09, 1776.07, 1782.04, 1705.06 and 1746.04, an agent may resign by filing this form, stating their intent to resign and providing the current or last known address of the entity's principal office. On the date of filing this form with our office or prior to that date, the agent must send a copy of the resignation form to the current or last known address of the entity's principal office.

For a domestic for-profit corporation, partnership, limited partnership, limited liability company and business trust, thirty days after the filing of this form, the authority of the agent will terminate. For a domestic nonprofit corporation or a foreign corporation, sixty days after the filing of this form, the authority of the agent will terminate.

Additional Provisions
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)
After completing all information on the filing form, please make sure to sign the form. If the entity is a domestic corporation, the form must be signed by the incorporators or a corporate officer. If the entity is a foreign corporation, the form must be signed by an authorized representative. If the entity is a domestic or foreign limited partnership, the form must be signed by an officer, all of the general partners or a majority of the general partners. If the entity is a domestic or foreign limited liability company, the form must be signed by a member, manager or an authorized representative. If the entity is a business trust, an authorized representative must sign. If the form is used for an agent's resignation, the resigning agent must sign the form.

****Note: Our office cannot file or record a document that contains a social security number or tax identifications number. Please do not enter a social security number or tax identification number, in any format, on this form.**