



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/09/2019	201922102240	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

**Receipt**

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

**STEBELTON SNIDER LPA  
 109 N. BROAD STREET  
 SUITE 200  
 LANCASTER, OH, 43130**

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
 2287945**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**ACT INVESTMENTS, LLC**  
 and, that said business records show the filing and recording of:

Document(s)  
**SUBSEQUENT AGENT APPOINTMENT**  
 Effective Date: **08/09/2019**

Document No(s):  
**201922102240**



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 August, A.D. 2019.

*Frank LaRose*  
 Ohio Secretary of State

Form 521 Prescribed by:

Date Electronically Filed: 8/9/2019



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://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

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

State

ZIP Code

**Complete the information in this section if box (1) is checked and business is an Ohio entity**

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.

MATTHEW E. JOHNSON

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name