



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/19/2017	201710903310	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00				0

**Receipt**

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

ALLEN KUEHNLE STOVALL & NEUMAN LLP  
17 SOUTH HIGH STREET  
SUITE 1220  
COLUMBUS, OH, 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

612657

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

**WEYBRIDGE HOMEOWNERS ASSOCIATION, INC.**

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

Document(s)

**SUBSEQUENT AGENT APPOINTMENT**

Effective Date: 04/19/2017

Document No(s):

**201710903310**



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 19th day of April, A.D. 2017.

*Jon Husted*  
Ohio Secretary of State



Form 521 Prescribed by:  
**JON HUSTED**  
Ohio Secretary of State

Date Electronically Filed: 4/19/2017

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

**Statutory Agent Update**  
**Filing Fee: \$25**

(CHECK ONLY ONE(1) BOX)

<p>(1) Subsequent Appointment of Agent</p> <p><input checked="" type="checkbox"/> Corp (165-AGS)</p> <p><input type="checkbox"/> LP (165-AGS)</p> <p><input type="checkbox"/> LLC (171-LSA)</p> <p><input type="checkbox"/> Business Trust (171-LSA)</p> <p><input type="checkbox"/> Real Estate Investment Trust (171-LSA)</p>	<p>(2) Change of Address of an Agent</p> <p><input type="checkbox"/> Corp (145-AGA)</p> <p><input type="checkbox"/> LP (145-AGA)</p> <p><input type="checkbox"/> LLC (144-LAD)</p> <p><input type="checkbox"/> Business Trust (144-LAD)</p> <p><input type="checkbox"/> Real Estate Investment Trust (144-LAD)</p>	<p>(3) Resignation of Agent</p> <p><input type="checkbox"/> Corp (155-AGR)</p> <p><input type="checkbox"/> LP (155-AGR)</p> <p><input type="checkbox"/> LLC (153-LAG)</p> <p><input type="checkbox"/> Partnership (153-LAG)</p> <p><input type="checkbox"/> Business Trust (153-LAG)</p> <p><input type="checkbox"/> Real Estate Investment Trust (153-LAG)</p>
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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).

NORMAN PARRISH, PRESIDENT

Authorized Representative

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Print Name

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.

Authorized Representative

By (if applicable)

Print Name