



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/01/2021	202106005956	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

### Receipt

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

**STARKEY & RUNKLE LLC**  
**638 W MAPLE STREET**  
**HARTVILLE, OH, 44632**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**1482095**

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

**THE ELIJAH COMPANY "LLC"**

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

Document(s)

**SUBSEQUENT AGENT APPOINTMENT**

**Effective Date: 03/01/2021**

Document No(s):

**202106005956**



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 1st day of March, A.D. 2021.

**Ohio Secretary of State**

Form 521 Prescribed by:

Date Electronically Filed: 3/1/2021

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).

JASON MCSWIGGEN

Signature

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.

Signature

By (if applicable)

Print Name