



DATE:  
06/18/2008

DOCUMENT ID  
200816901710

DESCRIPTION  
SUBSEQNT AGENT  
APPOINT/LIMITED/LIABILTY/PARTNER  
(LSA)

FILING  
25.00

EXPED  
.00

PENALTY  
.00

CERT  
.00

COPY  
.00

**Receipt**

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

SAIN LAW, LLC  
12703 PERRY HIGHWAY  
SUITE A  
WEXFORD, PA 15090

**STATE OF OHIO  
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1779585

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

**BAJCO MICHIANA II, LLC**

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

Document(s)

**SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER**

Document No(s):

**200816901710**



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 17th day of June, A.D.  
2008.

Ohio Secretary of State



www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

Prescribed by:  
The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 788 Columbus, OH 43216

## STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$25.00

**RECEIVED**  
BUSINESS SERVICES DIVISION

JUN 17 2008

OHIO SECRETARY OF STATE

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

<b>(1) Subsequent Appointment of Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input checked="" type="checkbox"/> LLC (171-LSA)	<b>(2) Change of Address of an Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	<b>(3) Resignation of Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity BAJCO MICHIANA II, LLC

Charter or Registration No. 1779585

Name of Current Agent Kathleen L. Sain,

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

Name and Address of New Agent Nadeem S. Bajwa  
(Name)

404 Vienna Avenue  
(Street)      *NOTE: P.O. Box Addresses are NOT acceptable.*

Niles                      Trumbull                      Ohio                      44446  
(City)                                      (County)                                      (State)                                      (Zip Code)

### ACCEPTANCE OF APPOINTMENT

The Undersigned, Nadeem S. Bajwa, named herein as the Statutory agent for, Bajco Michiana II, LLC, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:   
(Statutory Agent)

\* If the entity listed is an Ohio Domestic, the agent must sign the Acceptance of Appointment

**Complete the information in this section if box (2) is checked.**

Old Address of Agent	404 Vienna Avenue		
	<small>(Street)</small>	<small>NOTE: P.O. Box Addresses are NOT acceptable.</small>	
	Niles	Ohio	44446
	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>
New Address of Agent	404 Vienna Avenue		
	<small>(Street)</small>	<small>NOTE: P.O. Box Addresses are NOT acceptable.</small>	
	Niles	Ohio	44446
	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>

**Complete the information in this section if box (3) is checked.**

Is this agent resigning?       Yes       No

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

404 Vienna Avenue			
	<small>(Street)</small>	<small>NOTE: P.O. Box Addresses are NOT acceptable.</small>	
	Niles	Ohio	44446
	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>

**REQUIRED**

Must be authenticated (signed) by an authorized representative  
(See Instructions)



Authorized Representative

Date