



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/15/2014	201413401479	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

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

FOUNDER'S RIDGE HOMEOWNERS ASSOCIATION INCORPORATED
ATTN DAPHNE MOEHRING
441 LILY POND CT
GAHANNA, OH 43230

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
1130626**

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

FOUNDER'S RIDGE HOMEOWNERS ASSOCIATION, INCORPORATED

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT
Effective Date: 05/14/2014

Document No(s):

201413401479



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
15th day of May, A.D. 2014.

Ohio Secretary of State



Form 521 Prescribed by:
JON HUSTED
Ohio Secretary of State

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Statutory Agent Update
Filing Fee: \$25

(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-AGR)

Business Trust (153-LAG)

Real Estate Investment Trust (153-LAG)

Name of Entity FOUNDER'S RIDGE HOMEOWNERS ASSOCIATION, INCORPORATED

Charter, License or Registration No. 1130626

Name of Current Agent Donald Gorman

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

Name and Address of New Agent DAPHNE MOEHRING
Name of Agent

44 LILLY POND CT
Mailing Address

GAHANNA OH 43230
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, DAPHNE MOEHRING, named herein as the
Name of Agent

statutory agent for Founders Ridge Homeowners Association, Incorporated, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Daphne Moehring
Individual Agent's Signature/Signature on behalf of Corporate Agent

If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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

New Address of Agent
Mailing Address
City State Zip Code

If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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).

Daphne W. Moehring, 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.

DAPHNE MOEHRING
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