



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/09/2025	202509903140	AGENT ADDRESS CHANGE (AGA)	25.00				0

**Receipt**

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

**RESTORING OUR OWN THROUGH TRANSFORMATION  
118 E MAIN ST  
2ND FLOOR  
COLUMBUS, OH, 43215**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose  
4040361**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**R.O.O.T.T. (RESTORING OUR OWN THROUGH TRANSFORMATION)**  
and, that said business records show the filing and recording of:

Document(s)

**AGENT ADDRESS CHANGE**

Document No(s):

**202509903140****Effective Date: 04/09/2025**

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 April, A.D. 2025.

**Ohio Secretary of State**

Form 521 Prescribed by:



Date Electronically Filed: 4/9/2025

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 or Foreign LLC**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned,

  
Name of Agent

, named herein as the

statutory agent for

  
Name of Business Entity

, hereby acknowledges

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

  
393 E. TOWN STREET SUITE 212

Mailing Address

  
COLUMBUS

City

  
OH

State

  
43215

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.

JESSICA ROACH

Signature

CEO

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name