(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE **MAQ VENTURES, LLC**

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COVER LETTER

Division of Corporations	
MAQ VENTURES, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Alicia Richards	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Alicia Richards at	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	unt:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: MAQ VENTURE	S, LLC					
2. (a)	4000 TOWN CENTER	(b) 4000 TO			ER	-	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 2000	_ `		_	ress of limited AY BE POST	-	
		_		·			
	SOUTHFIELD, MI 48075		<u>sc</u>	OUTHFIELD, MI 4	8075		
	6/9/2021		L21	000268919			
3.	Date of filing/registration in Florida	4.		Documen	it number		·
5. (a)	C T CORPORATION SYSTEM						
J. (u)	Registered Agent and Registered Office shown on the records of	he Floric	da Dep	t. of State:			
	1200 S PINE ISLAND RD						
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>(S)</u>				
	#250						
	PLANTATION , FL	33324			17.LL	2024 HAY	
(b)	Registered Agent Solutions, Inc.					9- AVI	.] =
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddres		-		ñ
	2894 Remington Green Ln.				į i	PH 2: 0	r. C
	NEW Registered Office Address:				7.1	0_	
	Ste. A						
	Taliahassee, FL	32308		···-			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the Mohanmad Rayi	register bility confither fire fire fire fire fire fire fire fi	red of ompa nited liabil	fice and the busing it is hereby containing it is hereby containing it is hereby company	ness office o onfirmed tha	of the regi at the cha wise pro	stered nge(s)
/s/ Signat	ture of a member or authorized representative of a member			Printed or	typed name of		
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in the proper and complete in the statutes of my position as registered agent as provided by reflect a change in the registered office address, I have the status of this change.	perform I för in ereby c	iance	of my duties, one	l I am Tamili	iar with a	nd occept
	Mackenzie Hibler, Asst, Secret	ary					

FILING FEE: \$25.00