820662

	(Requ	estor's Name)	
 	(Addre	ess)	
	(Addr	ess)	
	(City/S	State/Zip/Phon	e #)
PICK-	UP	MAIT	MAIL
	(Busin	ness Entity Na	me)
-	(Docu	iment Number)
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Special Instruction	ons to Fil	ling Officer	<u></u>

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502. (inge is submitted for a corporation or to change its registered office of	n organized under the law	s of the St	ate of _!	MI	this	
1. The name of	the corporation: BARTON MALOV	V COMPANY					
2. The principal	office address: CAN DRIVE SOUTHFIELD, MI 48						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 08/17/196	7 Document n	umber: <u>8</u> 2	20662			
	I street address of the current regi- tment of State: (If resigned, enter	•	l office on	file witl	h the		
	C T CORPORATION SYSTEM	1					
	1200 SOUTH PINE ISLAND RO	DAC					
	PLANTATION	FL	33324		038	2024 JAN	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi						7
	Corporation Service Company				ass and	PH	Π
	1201 Hays Street					2: 5	_
	Tallahassee	P.O. Box NOT acceptable FL	32301	į	55		
The street addre as changed will	ess of its registered office and the be identical.	street address of the bus	iness offi	ce of its	registe	ered ag	ent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of di been notified in writing of	rectors or f the chan	by an o	officer :	so	
Xie e	agnie	Jiff Cil	·		Preside	nt	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a comply with the provisions of a lam familiar with and accepting filed merely to reflect a change been notified in writing of this can Service Company	gent and agree to act in the all statutes relative to the the obligation of my posit se in the revistered office	d or typed nai his capaci proper a tion as res address,	itv.		erform Or if m that	ance this the
By: X) nn r	Tokubi	01/17/2024					
	nature of Registered Agent		Date				
If signing on be	half of an entity:						
Grace E. Kirby,	Asst. Vice President	_					
T	ped or Printed Name						

* * * FILING FEE: \$35.00 * * *