

F0300005230

12/15/2017

Division of Corporations

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REGISTERED AGENT CHANGE MICHIGAN MUTUAL INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICHIGAN MUTUAL, INC.
Name of Corporation

DOCUMENT NUMBER: F03000005230

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN
Name of Contact Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd, Ste 300
Address

Austin, TX 78744
City/State and Zip Code

notices@rasi.com -
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGOT MULLIN at (888) 705-7274
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MICHIGAN in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MICHIGAN MUTUAL, INC.
- 2. The principal office address: 911 MILITARY STREET
PORT HURON MI 48060
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/14/2003 Document number: F03000005230

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

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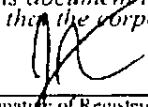
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Halse H. Walker
Signature of an officer or director

HALE H. WALKER VICE PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

12/12/2017
Date

If signing on behalf of an entity:
Justine Karnell - Assistant Secretary
Typed or Printed Name

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