Division of Corporations **Electronic Filing Cover Sheet** 

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(((H160000088193)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Fax Number

; (850)878-5368

K. WHILE

JAN 13 2016

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

Email Address:

## REGISTERED AGENT CHANGE MYBUYS, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	MYBUYS, INC.
	Name of Corporation
DOCI	F08000004936 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Michelle Magda
	Name of Contact Person
	MYBUYS, INC.
	Firm/Company
	101 North Main St 6th Floor
	Address
	Ann Arbor, MI 48104
	City/State and Zip Code
	michelle.magda@magnetic.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Michel	le Magda 734 922.7064 at ( )
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Malling 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

CR2E045 (03/12)

1/12/2016 9:15:54 AM From: To: 8506176380( 3/3 )

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

4. Date of incorporation/qualification:  5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301	ocument number: F08000004936 registered office on file with the		
2. The principal office address: 101 North Main St 6th Floor Ann Arbor, MI 48104  3. The mailing address (if different):	ocument number: F08000004936		
4. Date of incorporation/qualification: 11/17/2008 Do  5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301	ocument number: F08000004936		
5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301	•		
Florida Department of State: (If resigned, enter resigned)  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301	registered office on file with the	:	
1201 HAYS STREET TALLAHASSEE, FL 32301	-		
TALLAHASSEE, FL 32301			
		₹.,	
6. The name and street address of the new registered agent (if changed):	nged) and /or registered office	ECRE IS	D JAN
C T Corporation System		XXX	7
c/o C T Corporation System, 1200 South Pine Island	Road	- (A)	AH :
P.O. Box NOT acceptable Plantation, Florida 33324		TATE	2: 58
The street address of its registered office and the street address of as changed will be identical.		tered ager	ıt,
Such change was authorized by resolution duly adopted by its be authorized by the board, or the corporation has been notified in the corporation has been notin	oard of directors or by an officer writing of the ghange Tamimi Vice President	so	
Signature of all officer or director	Printed or typed name and title		
Thereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relat performance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a charhereby confirm that the corporation has been notified in writing	o act in this capacity, ive to the proper and complete obligation of my position as reg ige in the registered office addre of this change.	zistered ess, I	
By: C T Corporation System Nietle Charimond 01/08/2	_		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)