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To:	Page 2 of 4	1	2017-03-22 12:12:43 CST	12122023573 From	i: Kimberly Laughre
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		To:	Division of Corporations Fax Number : (850)617-6380	- HASS	FIL EAR 22
		From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845		ED
		anr	the email address for this business entity nual report mailings. Enter only one email a nil Address:	to be used for future address please.**	
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	/ED	PH 2: 53	REGISTERED AGENT CHAN TRILLIUM DRIVERS SOLUTION	VS, INC.	
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#### To: Page 3 of 4

2017-03-22 12:12:43 CST

12122023573 From: Kimberly Laughrey

## **COVER LETTER**

TO: Amendment Section Division of Corporations

# TRILLIUM DRIVERS SOLUTIONS, INC.

-	Name of Corporation

F10000003782
DOCUMENT NUMBER:

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:

### MICHELLE DRAKE

Name of Contact Person

MIDWEST CONSTRUCTION SERVICES, INC.

Firm/Company

5555 GULL RD, STE 300

Address

KALAMAZOO, MI 49048

City/State and Zip Code

mdrake@trilliumstaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

· · ·	•		•
MICHELLE DRAKE	269	3450150 EXT 10017	
Name of Contact Person	_ at (	) le & Davrime Telephone Numbe	

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

CR2E045 (03/12)

2017-03-22 12:12:43 CST

12122023573 From: Kimberly Laughrey

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

1. The name of the corporation: TRILLIUM DRIVERS SOLUTIONS, INC.

2. The principal office address: 5555 GULL RD, STE 300, KALAMAZOO, MI 49048

3. The mailing address (if different):

Page 4 of 4

To:

- 4. Date of incorporation/qualification: <u>8/16/2010</u> Document number: <u>F10000003782</u>
- 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)

HEDBERG, MARGARET

6815 ATLANTIC BLVD. STE 3

JACKSONVILLE, FL 32210

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

CT Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Date

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.

1	C T Corporation System	
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By:	$Q_{\rm m} \times \mathcal{I}$	3/21/2017
	Signifure of Registered Agent	· .
and the second sec		

If signing on behalf of an entity:

JENNIFER QUINN

DACOA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314