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To:

Division of Corporations

Fax Number : (850)617-6380

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.

Email Address:	
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REGISTERED AGENT CHANGE UNIVERSAL TRAFFIC SERVICE, INC.

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Estimated Charge	\$35.00

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COVER LETTER

TO:

Amendment Section

Links and Tueffie (Damies Isa
SUBJECT: Universal Traffic S	Service, inc.
Name of Corporation	
DOCUMENT NUMBER: F1000005	5279
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
	-
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	····
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
	t notification)
E-mail address: (to be used for future annual repor	
E-mail address: (to be used for future annual repor	,
•	,

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of chai	provisions of sections 607.050 nge is submitted for a corpora r to change its registered offic	ition organi	ized una	ler the l	aws of the State of	<u>Mic</u>	higan	
2. The principal	the corporation: Universal office address: 5500 INT RAPIDS, MI 495	ERNA				′ SE		
-	ddress (if different):			,				
4. Date of incorp	oration/qualification: 12/2	/2010	D	ocumen	t number: F100	0000	00527	79
	street address of the current r tment of State: (If resigned, er	iter resigne	d)	-			e	
	CORPORATIO 1201 HAYS STREET	IN OE	אוע		JUIVIPAIN	<u> </u>	1	~
						_	ALC:	623
	TALLAHASSEE			FL	32301-252	25	138 138	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.					office	ARY OF ST ASSEE FLO	13 AM 7:	
	155 Office Plaz			uite			ACIN ALC N	7: 57
	Tallahassee	P.O. Box	NOT acco	323	301			
The street addre	ss of its registered office and be identical.	the street	address	of the l	ousiness office of	its reg	gistered a	gent,
Such change wa authorized by th	s authorized by resolution du e board, or the corporation h	ily adopted as been not	by its triffed in	oard o writing	f directors or by a g of the change.	n offic	cer so	
/s/ Julie A.	Norman e of an officer or director	1	J <u>ulie</u>		Norman	Tre	easure	er
I hereby accept I further agree t of my duties, and document is bei	the appointment as registere o comply with the provisions d I am familiar with and acco ng filed merely to reflect a ch been notified in writing of th	of all stati ept the obli ange in the	l agree ites rela gation a registe	to act i	n this canacity	omplet ed age eby co	e perfori ent. Or onfirm the	nance if this at the
Hode	auzinth		06/	18/2	020			
Sign	utific of Registered Agent			_	Date			
If signing on bel	half of an entity:							
Mackenzie Hart,	Assistant Secretary							
Ту	ped or Printed Name	ILING FF	F. C12	00 + + ·	*			

- - - FILING PEE: \$35.00 - - -