Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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:

REGISTERED AGENT CHANGE ATTENDANCE ON DEMAND, INC.

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C. GOLDEN

APR - 3 2018

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TO:

Amendment Section Division of Corporations

ATTENDANCE ON DEMAND, INC.

F11000000033

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:

Mary Castillo

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:

Mary Castillo

Name of Contact Person

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

FLH1B000103382 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	l office or regis	nized under the laws of the State tered agent, or both, in the State	-	•
1. The name of t	he corporation: ATTEN	IDANCE OF	N DEMAND, INC.		
2. The principal	office address: 22300	HAGGERT'	Y ROAD		
NORTHV	ILLE,	MI	48167		
3. The mailing a	ddress (if different):				
4. Date of incom	poration/qualification: 0	1/03/2011	Document number: F11	000000033	
	street address of the cur tment of State: (If resign		agent and registered office on filed)	le with the	
	C T CORPORATION	ON SYSTEM	M		
	1200 SOUTH PINE ISLAND ROAD		7		
	PLANTATION, FL	33324		2018	
6. The name and (if changed):	street address of the nev	w registered age	ent (if changed) and /or registere		<u> </u>
	Registered Agent Solutions, Inc.		279 EV	<u>L</u> :	
	155 Office Plaza	Dr., Suite A		### 10:51 	
	P.O. Box. NOT acceptable		— <u> </u>		
	Tallahassee, FL	32301			
The street addre as changed will	ss of its registered offic be identical.	e and the street	address of the business office of	of its registered agei	nt,
Such change wa authorized by th	is authorized by resolution board, or the corporat	on duly adopte ion has been no	d by its board of directors or by otified in writing of the change.	an officer so	
	phor Giapala		Christopher Ciapala	President	_
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the provi my duties, and I am fam is document is being file	sions of all stat iliar with and a d merely to ref	Printed or typed name as and agree to act in this capacity. It takes relative to the proper and accept the obligation of my possiblect a change in the registered (in writing of this change.	complete ition as revistered	
			03/07/2018		
Sign	natura of Registered Agent		Date		
•	He at an amilian				
•	haf of an entity: ell - Assistant Se				

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