F1200004659

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
Special Instructions to Fill	ng Oπicer:	

Office Use Only



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AND ALCO SETTER CO

SEP 2 8 27:3

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927**-**9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 24, 2018

Order#: 387299-003

Re: GREAT LAKES HOTEL SUPPLY COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	provisions of sections 60. ange is submitted for a col er to change its registered	rporation organized	l under the la	iws of the Si	tate of MI		
1. The name of	the corporation: GREAT I	AKES HOTEL SUI	PPLY COMP	YANY			
2. The principal	office address: 24101 W	Nine Mile Road, So	outhfield, MI	48033			
3. The mailing a	address (if different):			•			
4. Date of incor	poration/qualification: 11	/16/2012	_ Document	number: F	120000046	59	
	d street address of the curr rtment of State: (If resigne		and register	ed office or	n file with th	ie	
	C T CORPORATION S	YSTEM					
	1200 South Pine Island	Road					
	Plantation		FL	33324			
6. The name and (if changed):	d street address of the new	registered agent (il	changed) ar	nd /or regist	ered office		
	Corporation Service Corporation	mpany			Σ,,		
	1201 Hays Street					819	
	Tallahassee	P.O. Box NOT accep	ouable FL	32301		SEP 26	
The street addreas changed will	ess of its registered office be identical.	and the street addi	ess of the bu	isiness offic	ce of its reg	E ered	agent.
Such change wa	as authorized by resolutione board, or the corporation	on duly adopted by on has been notified	its board of o	lirectors or of the chan	by an office	Şo gr so ∈	
<u> </u>	Coni	Jiil	Cilmi, Vice I				
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	te of an officer of director the appointment as regis to comply with the provis my duties, and I am fami is document is being filea that the corporation has n Service Company	ions of all statutes liar with and accep l merely to reflect a	ree to act in relative to th of the obligat change in t	ie proper ai ion of my p he registere	ty. nd complete position as r	egister	·ed i
By:	race to Kirble	09	/17/2018				
Sign	nature of Registered Agent			Date			
If signing on be	half of an entity:						
Grace E. Kirby,	Assistant Vice President	_					
Ty	ped or Printed Name						

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