

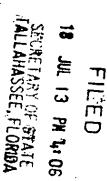
- (Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200315583132

07/13/18--01021--015 **35.00



JUL 1 6 2018 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: July 11, 2018

Order#: 290266-025

Re: PCS EXPERTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Ami Casper 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.

QUCA.XCOA

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

statement of cha	nge is submitte	ctions 607.0502, 617.050 d for a corporation orga registered office or regist	nized under the la	ws of the State of	<u>Michigan</u>	
1. The name of t	he corporation:	PCS EXPERTS, INC.				
	•	31333 Southfield Road	Suite 210, Bever	rly Hills, MI 4802	25	
3. The mailing a	ddress (if differ	rent):				
4. Date of incorp	ooration/qualific	cation: 12/28/2016	Document	number: F1600	0005723	
		of the current registered ((If resigned, enter resign		ed office on file v	with the	
	C T Corporation	on System			_	
	1200 South Pine Island Road					
	Plantation, FL	33324		:	E T	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Se	ervice Company		·	OR E	
	1201 Hays Str	eet				
	-	PO Box NO		22204	•	
	Tallahassee		FL	32301		
The street addre	ss of its registe be identical.	red office and the street	address of the bu	isiness office of	its registered agent.	
Such change wa authorized by th	s authorized by e board, or the	resolution duly adopted comoration has been no	d by its board of o stiffed in writing o	lirectors or by an of the change.	n officer so	
Jan X	`))//des		Saad J. Nadhi	r, President/Chai	irman	
Signatur	of an officer or dir	cclor	Printi	ed or typed name and t	ntle	
I further agree t performance of . agent. Or, if thi hereby confirm .	o comply with a my duties, and is document is l	nt as registered agent an the provisions of all stat I am familiar with and a being filed merely to ref ation has been notified to ompany	utes relative to th accept the obligat lect a change in t	ie proper and co ion of my positic he registered off	on as registerea	
By: Cly	MKe	Ψ	07/11/20			
Sign	nature of Registered .	Agent		Date		
If signing on bel	half of an entity	v:				
Ami M. Casper,	Asst. Vice Pre	sident				
Ty	ped or Printed Name	<u> </u>				

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