Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		OCT
	Division of Corporations	jan 1775
	Fax Number : (850)617-6380	** N
From:		527
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	457
	Phone : (512)418-6949	
	Fax Number : (954)208-0845	
	the email address for this business entity to be unual report mailings. Enter only one email address	
Fm:	ail Address:	

REGISTERED AGENT CHANGE GROVPESTAHL INC.

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COVER LETTER

TO : <i>E</i>	Amendment Section Division of Corporations	
CUDIC	STAHLSING.dbaGROUPESTAHLING.	
SUBJEC	Name of Co	orporation
DOCUM	F17000000790 IENT NUMBER:	
The encl	osed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
	turn all correspondence concerning this matter	
i ioday io	turn an correspondence concerning this marter	to the tonorms.
	Debbie Plumb	
	Name of Cor	stact Person
	STAHLS' INC.	
	Firm/Co	mpany
	6353 E. 14 Mile Rd.	
	Addi	CSS
	Sterling Heights, MI 48312 City/State an	d Zip Code
	sut@stahls.com	,
	E-mail address: (to be used for fi	iture annual report notification)
For furth	er information concerning this matter, please of	rali:
Kimber	ly Steinmetz	at (<u>888</u>) <u>201-6278</u> Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed	I is a \$35.00 check made payable to the Depart	ment 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

CR2E#45(03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0502 tange is submitted for a corporation organi for to change its registered office or register	zed under the laws of the State of Michig	<u> </u>
	The corporation: GROUPESTAHLING.		
2.The principa	al office address: 949BEVILLEROADBLD	GD-3&4SOUTHDAYTONA,FL32119	
3.The mailing	address (if different): 6353E14MILEROAI	DSTERLINGHEIGHTS,MI48312	
4.Date of inco	rporation/qualification: 02/07/2017	Document number: F17000000790	
	nd street address of the current registered ag artment of State:(If resigned, enter resigned		
	SCHWARB,MARK		
	949BEVILLEROADBLDGD-3&4		👺
	SOUTHDAYTONA,FL32119		
6.The name an (if changed)	nd street address of the new registered agent	t (if changed) and /or registered office	7-2
	CTCorporationSystem		是
	c/oCTCorporationSystem,1200SouthPir	neIslandRoad	
	P.O Box NOT a	cceptable	The second secon
	Plantation,Florida33324		
The street add as changed wi	ress of its registered office and the street a libe identical.	ddress of the business office of its regis	stered agent,
Such change wanthorized by	vas authorized by resolution duly adopted l the board, or the corporation has been not	by its board of directors or by an officer lited in writing of the change.	rso
Buch	date of an afficer of director	Leslie Miller, Secretary	·
I hereby accept I further agree performance of agent. Or, if t	of the appointment as registered agent and to comply with the provisions of all statut of my duties, and I am familiar with and ac his document is being filed merely to reflec in that the corporation has been notified in	agree to act in this capacity. The relative to the proper and complete Scept the obligation of my position as re- ct a change in the registered office addi	gistered ress, I
By: Nightson	Prince to System	09/14/2017	
	pehalf of an entity: Vice President and Assistant Secretary	Date	
	Typed or Printed Name		
	* * * FILING FEE	C: \$35.00 * * *	