Division of Corporations Electronic Filing Cover Sheet

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:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* :-

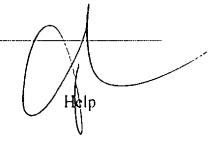
Email Address:

REGISTERED AGENT CHANGE SYNCREON AMERICA INC.

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cho	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz ir to change its registered office or register	zed under the laws of the State of $\underline{\hspace{0.1cm}}$	Michigan	nis
·	the corporation: SYNCREON AMERICA 1	•	oriaa.	
2. The principal	office address: 2851 HIGH MEADOW CIF	R., SUITE 250 AUBURN HILLS, MI	48326	
	address (if different):			
4. Date of incorp	poration/qualification: 06/16/2017	Document number: F1700000	2763	
	I street address of the current registered ag nument of State: (If resigned, enter resigned	_	h the	
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			207
	TALLAHASSEE, FL 32301-2525			023 JUN 20
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered offi	ce .	120 AM
	United Agent Group Inc.		0 14	4 9: 31
	801 US Highway 1		77.	30
	P.O. Box North Palm Beach, FL 33408	NOT acceptable		
The street addresses changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	registere	d agent,
	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an offied in writing of the change.	officer so	
Tasha Edwards		Tasha Edwards, Attorney-in-Fact		•
I hereby accept I further agree of of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the sheen notified in writing of this change.	es relative to the proper and comi	nlete nerf	ormance Or, if this that the
Taska Cdwards Signature of Registered Agent		06/20/2023 Date		
lf signing on be	half of an entity:			
Tasha Edwards,	Special Secretary			
Ţ	yped or Printed Name			
	* * * FILING FEE	: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)