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800380717858 ERO Change 38

A. RAMSEY MAY -2 2022 CORP®RATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : _638150 8377276 AUTHORIZATION "Melbelle man COST LIMIT : `\$ 35.00 ORDER DATE: April 25, 2022 ORDER TIME : 2:05 PM ORDER NO. : 638150-027 CUSTOMER NO: 8377276 CHANGE OF AGENT THE SHYFT GROUP UPFIT NAME: SERVICES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of th	ne State of MICHIGAN	
1. The name of t	he corporation: THE SHYFT GROUP L	PFIT SERVICES, INC.		
	office address: STREET NOVI, MI 48375			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/04/2018	Document numbe	r: F18000005551	
	street address of the current registered tment of State: (If resigned, enter resign	_	e on file with the	
	CT CORPORATION SYSTEM		202	
	1200 SOUTH PINE ISLAND ROAD		24 29 NOR 29	
	PLANTATION	FL 333	24 55 29	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or re	egistered office	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box. NOT acceptable			
	Tallahassee	FL 3230	D1	
•	ss of its registered office and the stree be identical. Is authorized by resolution duly adopte the board, or the corporation has been no			
X_{i}	2 Court	Jill Cilmi. Vice Preside		
Signatui	e of an officer or director		ed name and title	
l further agrée t of my duties, an document is bei corporation has	the appointment as registered agent as o comply with the provisions of all stad I am familiar with and accept the object in the filed merely to reflect a change in to been notified in writing of this change in Service Company	tutes relative to the prop ligation of my position a ne registered office addr	pacity. For and complete performance of registered agent. Or, if this cess, I hereby confirm that the	
By: χή	ma t-Kubi.	04/28/2022		
	nature of Registered Agent half of an entity:	Ĭ	Date	
	·			
<u> </u>	Asst. Vice President			
	,			

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