Division of Corporations Electronic Filing Cover Sheet

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(((H23000114559 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

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

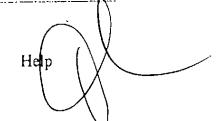
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REGISTERED AGENT CHANGE MICHIGAN PUBLIC HEALTH INSTITUTE CORPORATION

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

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 61 ange is submitted for a corporation organized under the law er to change its registered office or registered agent, or both	s of the State of Michigan	
	the corporation: MICHIGAN PUBLIC HEALTH INSTITUTI		
1. The name of t	office address: 2436 WOODLAKE CIRCLE STE 300, OKEN	AOS MI 48864	
2. The principal	office address:		
	address (if different):		
4. Date of incorp	poration/qualification: 04/01/2022 Document n	umber: F22000001977	
5. The name and	d street address of the current registered agent and registered rement of State: (If resigned, enter resigned)	d office on file with the	207
	CORPORATION SERVICE COMPANY		<u>ند:</u> :
	1201 HAYS STREET		20231150 27
	TALLAHASSEE, FL 32301-2525		Fi.
6. The name and (if changed):	i street address of the new registered agent (if changed) and	/or registered office	1 9: 54
	Corporate Creations Network Inc.		
	801 US Highway I		
	P.O. Box NOT acceptable	<u> </u>	
	North Palm Beach, FL 33408		
as changed will	A		
Such change was authorized by	authorized by resolution duly adopted by its board of die board, or the corporation has been notified in writing o	rectors or by an officer s f the change.	10
1/2	Tasha Edwards,		
	te di ali Villesi di dilasta.	d or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the d I am familiar with and accept the obligation of my posing filed meyely to reflect a change in the registered offices been notified in writing of this change.	his capacity, proper and complete pe tion as registered agent, address, I hereby confir	rformance Or, if this m that the
1.	March 27, 2023		
1/	nature of Registered Agent half of an entity:	Date	
1 -	Special Secretary		
Ty	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)