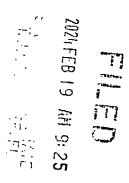
L140000 20258

| (Requestor's Name) |
|---|
| (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



400422274014



2024 FEB 19 PM 3: 21



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| a) . | 231 FULTON ST. W | (b) |) 2 | 231 FULTON ST. W | |
|------------------|---|--|------------------------|---|---|
| (/ - | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` ` | _ | - | s of limited liability company: **RE POST OFFICE BOX) |
| | GRAND RAPIDS, MI 49503 | | GRAND RAPIDS, MI 49503 | | |
| | 02/05/2014 | | L- | 14000020258 | |
| | Date of filing/registration in Florida | 4. | | Document r | number |
| | Registered Agent and Registered Office shown on the records of Heufe, Paulus Registered Office Address (MUST BE FLORIDA STREET) 1603 JEFFERSON AVE. | | | pt, of State: | 2024 FEB 19 |
| | Miami Beach . FI | 33139 | | | • |
|) . | Enter name of NEW Registered Agent and/or NEW Registered | Office add | re | <u>w</u> : | AH 9:25 |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | Tallahassee, Fl. | 32301 | | | |
| ge : w :ve | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of these of organization or the operating agreement of the | registered ability con of the limi | d c np tec | office and the busines any, it is hereby cont I liability company o | ss office of the registered firmed that the change(s |
| | II Cilmi | Jill C | iln | ni, Authorized Persor | |
| 130 | ure of a member or authorized representative of a member | | | Printed or typ | ed name of signee |

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby, Asst. Vice President

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| | ACCOUNT NO. | : 12000000195 | | | | | |
|--------------------------------------|--------------------------------|--------------------|--|--|--|--|--|
| | REFERENCE | : 31:07227 7728518 | | | | | |
| | AUTHORIZATION | Charles Blessen | | | | | |
| | COST LIMIT | : \$ 25.00 | | | | | |
| ORDER DATE : | February 7, 2024 | | | | | | |
| ORDER TIME : | 1:25 PM | | | | | | |
| ORDER NO. : | 310722-018 | | | | | | |
| CUSTOMER NO: | 7728518 | | | | | | |
| | | | | | | | |
| | CHANGE OF AGENT | | | | | | |
| | | | | | | | |
| NAME: | NAME: DEPOT 1521 MICHIGAN, LLC | | | | | | |
| | | • | | | | | |
| | | | | | | | |
| | N THE FOLLOWING AS | PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTRACT DESC | ON Glasses G. P. T. | h thum!! | | | | | |
| CONTACT PERS | ON: Shauna Godbol | | | | | | |
| | | EXAMINER: | | | | | |