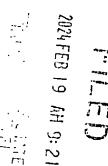
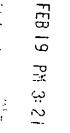


| (Re | questor's Name) |) | |
|--|------------------|--------------|--|
| (Ad | diess) | | |
| . (Ad | dress) | | |
| (Cı | y/State/Zip/Phon | ne #) | |
| PICK-UP | TIAW [| MAIL | |
| (Bu | siness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | Certificate | es of Status | |
| Special Instructions to Filing Officer | | | |
| | | | |
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| <u> </u> | | | |











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.

| 1. N | ame of the limited liability company: DEPOT 1501 M | ICHIGA | N, LL | _C |
|------------------------------|---|------------------------------------|----------------------------|---|
| 2. (a) | 231 FULTON ST. W | (| b) 23 | 31 FULTON ST. W |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ·, | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | GRAND RAPIDS, MI 49503 | _ | GF | RAND RAPIDS, MI 49503 |
| | 02/05/2014 | . | L14 | 4000020284 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of Heule, Paulus C Registered Office Address (MUST BE FLORIDA STREET) | | | n. of State: |
| | 1603 JEFFERSON AVE. | | | · ~ |
| | Miami Beach . FL | 33139 | | 2024 FEB |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | 9 | |
| | Corporation Service Company NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | |
| | Tallahassee FL | 32301 | | |
| change agent v was/w | imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | register bility co f the lin | ed off impar nited l | office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| | ill Cilmi | Jill • | Cilmi, | i, Authorized Person |
| - | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisi the obl to mer | by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. | perform | ance e | of my duties, and I am familiar with and accept |
| Signatu | re of Registered Agent Grace E. Kirby, Asst. Vice | Presiden | it | |

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 3107/22 7728518 | | | | | | |
| AUTHORIZATION : Capelle le | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| ORDER DATE : February 7, 2024 | | | | | | |
| | | | | | | |
| ORDER TIME : 1:24 PM | | | | | | |
| ORDER NO. : 310722-017 | | | | | | |
| CUSTOMER NO: 7728518 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| | | | | | | |
| NAME: DEPOT 1501 MICHIGAN, LLC | | | | | | |
| | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |
| CONTACT PERSON: Shauna Godbolt EXT# | | | | | | |
| | | | | | | |
| EXAMINER: | | | | | | |