## M0200001378

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA APR 1 8 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 13, 2018

Order#: 159546-002

Re: COVINGTON-FLORIDA, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## > 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	lame of the limited liability company: <u>COVINGTON-</u>	-FLORIDA,	L.L.C.
2. (a)	17800 Laurel Park Drive North, Suite 200C  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Livonia, MI 48152	<u> </u>	
	05/29/2002		M02000001378
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
J. (4	Registered Agent and Registered Office shown on the records o	of the Florida I	Dept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
			SECRETARY CONTROL OF C
	<del></del>	. <u></u>	
	Plantation , F	L 33324	<b></b>
			PHIZ: 4:
(b)	Corporation Service Company	1000 11	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	ess:
	4004 Nava Charat		<i>≱</i> )
	1201 Hays Street  NEW Registered Office Address:		<del></del>
	NO PROGRAMME AND		
		•	<del></del>
	Tallahassee , F	L 32301	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe liability con of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Angela Mader	Ange	a Mader, Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completeligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this animnge.	fe performan led for in Ch I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	BY: Am	ii M. Casper, Asst. Vice President

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00