M0600002105

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
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JIVID. II. V. SEEL FLORIDI

XT CELVID

2022 JUL -7 AM 8: 44 SECRETARY OF STATE

A. BUTLER JUN 1 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 791516 8378711							
AUTHORIZATION: Spulleleman							
COST LIMIT : \$ 25.00							
ORDER DATE : July 7, 2022							
ORDER TIME : 10:33 AM							
ORDER NO. : 791516-011							
CUSTOMER NO: 8378711							
CHANGE OF AGENT							
NAME: UTILITY SERVICES AUTHORITY LLC							
NAME: OILLIII SERVICES AUTHORITI LLC							
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 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: UTILITY SERV	ICES AU	THORITY,	LLC	
2. (a)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		~, <u> </u>	Mailing address	of limited liability company: BE POST OFFICE BOX)
	6001 SCHOONER		6001 SC	HOONER	
	BELLEVILLE, MI 48111	_ _	BELLEVI	ILLE, MI 4811	1
	04/12/2006		M0600000	02105	
3.	Date of filing/registration in Florida	4.		Document no	umber
5. (a)					
J. (u.	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	le:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	2)	_	
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION FI	33324		_	
		<u></u>		_	2027 SE
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	ldress:		2022 JUL -7 SEGRETARY
	Corporation Service Company				enut 1781
	NEW Registered Office Address:				my æ
	1201 Hays Street			_	AM 8: 46 OF STATE SSEE, FI
	Tallahassee	32301			
change agent was/w	limited 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	ws of the registere ability co of the lim	ed office an ompany, it is sited liabilit	nd the business is hereby confi ity company or	s office of the registered irmed that the change(s)
/s/ Ja	mes A. Moskal	Jan	nes A. Mosł	kal, Manager	
Sign	iture of a member or authorized representative of a member			Printed or type	d name of signee
provis the obt to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	performed for in C hereby co	ance of my Thapter 605 Onfirm that	duties, and La 5, F.S. Or, if t the limited lia	im familiar with and accept his document is being filed bility company has been
Signati	ire of Registered Agent	Gr	ace E. Kirb	y, Asst. Vice	President

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