## M0800000 1875

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| PICK-UP                   | WAIT              | MAIL      |
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| (Do                       | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to f | Filing Officer:   |           |
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Office Use Only



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APPROVED
AND
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2019FEB 26 PM 3: 39
SEURETARY OF STATE
AND SECRETARY OF STATE

1.00.2819



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: February 21, 2019

Order#: 614905-010

Re: BURROUGHS CONTROLLED ACCESS SERVICES LLC

Enclosed please find:

XX\_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur 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.

| l.                         | Na                            | me of the limited liability company: BURROUGHS C  | ONTRO  | LLED ACC  | CESS SERVICE   | SLLC  | <del></del>   |  |
|----------------------------|-------------------------------|---|--|---|--|---|---|--|
| 2                          | (a)                           | 41100 Plymouth Road   |  | 41100   |  |   |   |  |
| -: (··· <i>)</i>           | ,                             | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (")  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |   |   |  |
|                            |                               | Plymouth, MI 48170  | -  | Plymouth  | n, MI 48170  |   |   |  |
|                            |                               | 04/18/2008  | _  | M080000   | 01875  |   |   |  |
| 3.                         |                               | Date of filing/registration in Florida  | 4.   |   | Document num   | iber  |   |  |
| 5.                         | (a)                           | C T CORPORATION SYSTEM  |  |   |  |   |   |  |
| ٥.                         | (**)                          | Registered Agent and Registered Office shown on the records of th   | e Florida  | Dept. of State  | -<br>e:  |   |   |  |
|                            |                               | 1200 SOUTH PINE ISLAND ROAD   |  |   |  |   |   |  |
|                            |                               | Registered Office Address (MUST BE FLORIDA STREET AL  | DDRESS)  |   | -  |   |   |  |
|                            |                               |   |  |   | :  |   | 20  |  |
|                            |                               | PLANTATION ,FL  | 33324  | •   | -  |   | 19 FEB  | A  |
| (b)                        | (b)                           | Corporation Service Company   |  |   |  | ARY C   | 26  | FILE   |
|                            |                               | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>  | <u>)ffice_add</u>                                | ress:   |  | )F ST.  | PM 3:   |  |
|                            |                               | 1201 Hays Street  |  |   |  |   | 39  |  |
|                            |                               | NEW Registered Office Address:  |  | ·   |  | :_ `  |   |  |
|                            |                               |   |  |   | -  |   |   |  |
|                            |                               | Tallahassee, FL_  | 32301  |   | -  |   |   |  |
| the<br>age<br>was<br>the   | cha<br>nt w<br>/we<br>artic   | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable companies. Programme Canada authorized representative of a member | he regist<br>pility cor<br>the limi<br>imited li | ered office<br>mpany, it is<br>ted liability<br>ability con                   | and the busines<br>s hereby confirm<br>y company or as                             | ss office oned that the otherwis                  | of the interpretation | registered<br>nge(s)                           |
|                            | -                             | ·   | a to me  | in this car   | , ,  | _   |   | emiele elen                                    |
| pro<br>the<br>to n<br>noti | visio<br>obli<br>iere<br>fied | oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.   | e 10 act 1<br>performa<br>för in Ci<br>rreby coi | n inis cape<br>nce of my e<br>hapter 605<br>nfirm that e                      | deny, 1 juriner a<br>duties, and I am<br>i, F.S. Or, if this<br>the limited liabi. | agree to c<br>familiar<br>s documer<br>lity compo | compty<br>with a<br>pt is be<br>any ha  | wiin ine<br>nd accept<br>zing filed<br>is been |
| Sign                       | atur                          | re of Registered Agent Corporation Service Company  | BY: Gr   | ace E. Kir  | by, Assistant V  | Vice Pres   | ident   |  |

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

## 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.

| 2. (a)                                  | 41100 Plymouth Road  |   | (b)41100 Plymouth Road                                     |  |                          |                     |  |  |
|---|--|---|--|--|--------------------------|---------------------|--|--|
|   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |                          |                     |  |  |
| ٠                                       | Plymouth, MI 48170   | _   | Plymout  | h, M <u>I 48170</u>  | ,                        |                     |  |  |
|   | 04/18/2008   | _   | M080000  | 01875  |                          |                     |  |  |
| 3.                                      | Date of filing/registration in Florida   | 4.  |  | Document numb  | per                      |                     |  |  |
| 5. (a)                                  | C T CORPORATION SYSTEM   |   |  |  |                          |                     |  |  |
| (,                                      | Registered Agent and Registered Office shown on the records of th  | he Florida  | Dept. of Stat  | e:   |                          |                     |  |  |
|   | 1200 SOUTH PINE ISLAND ROAD  |   |  |  |                          | ~                   |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |  | _  | WLL.VH.                  | 2019 FEB            | 3  |  |
|   | PLANTATION FL_   | 33324   |  | -  | ASSEE                    | 26                  | AND  |  |
| (b)                                     | Corporation Service Company  |   |  |  | コン;                      | P                   |  |  |
| (0)                                     | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |   |  | _  |                          | 3: 39               |  |  |
|   | 1201 Hays Street   |   |  |  | ;                        | •                   |  |  |
|   | NEW Registered Office Address:   |   |  |  |                          |                     |  |  |
|   | Tallahassee  | 22204   |  | _  |                          |                     |  |  |
|   | Talialiassee . FL  | 32301   |  | _  |                          |                     |  |  |
| the cha<br>agent v<br>was/wo            | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of t<br>vill be identical. Or, in the case of a Florida limited liab<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the I | the regist<br>bility con<br>the limi<br>imited li | ered office<br>npany, it is<br>ed liability<br>ability con | e and the busines<br>s hereby confirm<br>y company or as<br>npany.           | s office c<br>ed that th | of the r<br>re char | egistered<br>ige(s)                          |  |
| Siena                                   | ture of a shember or authorized representative of a member   | Jill C  | lmi, Autho   | orized Person  Printed or typed na   | me of sign               |                     |  |  |
| I here<br>provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I had in writing of this change.                                   | e to act i<br>performa<br>for in C<br>ereby co.   | n this cape<br>ace of my<br>sapter 605<br>afirm that       | acity - I further a  | gree to c                | omply               | with the<br>ad accept<br>ing filed<br>s been |  |