M1000000032

(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:				
JUL - 3 2013				
S. TONER				

Office Use Only



200249315432

07/02/13--01003--004 **25.00

SECRETARY OF STATE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 28, 2013

Order#: 702120-145

Re: THE ALLIANCE OF INDEPENDENT CONTRACTORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 608.416 or 608.508, 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. Na	me of the limited liability company: THE ALLIANCE	OF INDEPENDENT CONTRA	CTORS, LLC	
2 (-)	Dain single office address of limited lightlity commons	. 5664 Projrio Crook Drivo		
z. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Caledonia, MI 49316		
	(MOLE, MOST BE STREET ADDRESS)	Calculation 40010		
(b)	Mailing address of limited liability company:	5664 Prairie Creek Drive		
	(Note: MAY BE POST OFFICE BOX)	Caledonia, MI 49316		
01/04/	/2010	M10000000032	• •	
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	•	introf State:	
	Registered Agent:	C T Corporation Sytem	1	
	Registered Office Address:	1200 South Pine Island Road	1882 N M	
	riogistorou office ruaressi	Plantation, FL 33324	所の理り	
			77.0	
			- FAG	
(b)	b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	NEW Registered Agent:	Corporation Service Compan	пу	
	NEW Registered Office Address:	1201 Hays Street		
	(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	.FL 32301	
		Tallatiassee	,r_ <u>52561</u>	
confir and th liabilithe the me the op	limited liability company is not organized under the lamed that after the change or changes are made, the Fine business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwinerating agreement of the limited liability company. The of a member or authorized representative of a member	lorida street address of the re ical. Or, in the case of a Flo was/were authorized by an	egistered office rida limited affirmative vote of	
	Priebe, Authorized Person	_		
	or typed name of signee			
I here compl and I Chapt addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this accument is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity, Sper and complete performa sition as registered agent as rely reflect a change in the r y has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	
	Drace Cokuble			
Signatu	re of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. Vice	President	

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