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(City/State/Zip/Phone #)				
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TAIL AND SOLUTION TO CO.

B. BOSTICK

DEC 3 0 2013

EXAMINICO



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 Norris for Alex Smetana

Date: December 20, 2013

Order#: 932370-054

Re: MICHAEL ANDREWS & ASSOCIATES 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: Alex Smetana

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.

OUCA.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.

l. Nam	e of the limited liability company: MICHAEL ANDR	EWS & ASSOCIATES LLC		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		26261 Evergreen Road Suite 350 Southfield, MI 48076		
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	26261 Evergreen Road Suite 350 Southfield, MI 48076		
01/02/20	007	M10000002678		
		4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida l	Dept. of	State:
I	Registered Agent:	C T Corporation System		
]	Registered Office Address:	1200 South Pine Island Ro Plantation, FL 33324	oad.	cyk a.t.
				<u> </u>
(b) I	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office add	ress:	ි ලි ග්
<u>]</u>	NEW Registered Agent:	Corporation Service Comp	any [*]	70
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	<u> </u>	₹. ··
		Tallahassee		32301
confirm and the liability the men the oper	mited liability company is not organized under the lated that after the change or changes are made, the Flousiness office of the registered agent will be identicompany, it is hereby confirmed that the change(s) of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a F was/were authorized by a	register Iorida li n affirm	red office imited native vote of
ngnature (of a filement of authorized representative of a filement			
	riebe, Authorized Person typed name of signee	-		
I hereb comply and I an Chapter address	y accept the appointment as registered agent and as with the provisions of all statutes relative to the pron familiar with and accept the obligations of my pose 608, F.S. Or, if this document is being filed to men, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perforn ition as registered agent rely reflect a change in the has been notified in writ). I furth nance of as provi e registe ing of th	her agree to I my duties, ided for in ered office is change.
By: Signature	of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VP		

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