## M11000004902

| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Address)                               |                |             |  |  |
| (Address)                               |                |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 15, 2017

Order#: 532184-298

Re: REXAIR 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: Ami Casper

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

Rursuant 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.   | Na                            | me of the limited liability company: REXAIR, LLC  |  |   |
|--|-------------------------------|---|--|---|
| 2. (   | a)                            | 50 WEST BIG BEAVER ROAD SUITE 350   | (b                                     | 2381 Executive Center Drive   |
| -· <b>、</b>  | ,                             | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|  |                               | TROY MI 48084   | <del></del>                            | Boca Raton, FL 33431  |
|  |                               | 09/29/2011  | _ <b>-</b>                             | M11000004902  |
| 3.   |                               | Date of filing/registration in Florida  | 4.                                     | Document number   |
| 5.   | (a)                           | C T CORPORATION SYSTEM  |  |   |
|  | ` /                           | Registered Agent and Registered Office shown on the records of  | the Florida                            | Dept. of State:   |
|  |                               | 1200 SOUTH PINE ISLAND ROAD   |  |   |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |                               |   |  | <u>ب</u>  |
|  |                               |   |  | · · · · · · · · · · · · · · · · · · ·   |
|  |                               | PLANTATION , FL   | 33324                                  |   |
| (b)  |                               | Corporation Service Company   |  |   |
| ,  |                               | Enter name of NEW Registered Agent and/or NEW Registered  | Office add                             | <del></del>   |
|  |                               |   |  | 05  |
|  |                               | 1201 Hays Street  |  | <u> </u>  |
|  |                               | NEW Registered Office Address:  |  | ·   |
|  |                               | Taliahassee   | 22201                                  |   |
|  |                               | , FL  | 32301                                  |   |
| the ager   | cha:<br>nt w<br>/we           | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>the authorized by an affirmative vote of the members of<br>the of organization or the operating agreement of the   | the regis<br>ability co<br>of the limi | stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in        |
|  |                               | Jee E. Wener  | Jill C                                 | Cilmi, Authorized Person  |
|  | ັ (                           | are of a member or authorized representative of a member  |  | Printed or typed name of signee   |
| prov<br>the<br>to m<br>noti                                | visio<br>obli<br>iere<br>fiea | by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a constant a constant of the | performa<br>d for in C<br>hereby co    | ance of my duties, and I am familiar with and accept<br>Chapter 605, F.S. Or, if this document is being filed<br>onfirm that the limited liability company has been |
| aigi   | atus                          | e of Registered Agent Corporation Service Company   | BY: Ai                                 | mi M. Casper, Asst. Vice President  |

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