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		Acc#I20160000072	4: CD-W	
Name:	PERKINS P	APER, LLC		
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Thank you!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

L' 1

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:		OO CUZCAN DIZAVIV E M	
2. (a)	1300 GEZON PKWY, S.W.	(b)		
	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	(Note: MUST BE STREET ADDRESS) WYOMING, MI 49509		WYOMING, MI 49509	
	W FORMAN, MI 47507			
	10/09/2014	M140	000007336	
3.	Date of filing/registration in Florida	4.	Document number	
5 (m)	CORPORATION SERVICE COMPANY			
5. (a)	Registered Agent and Registered Office shown on the records of	of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET			
	TALLAHASSEE, FI	32301-2525		
(b)	C T Corporation System	; မှာ —		
(")	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:		
	NEW Registered Office Address:		_ 	
	1200 South Pine Island Road			
	Plantation, FI	33324		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the State f the registered jability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	/s/Lindsay Kolar		Y KOLAR, ASSISTANT SECRETARY	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
By:	C T Corporation System SEAN L. EMERICK, ASSISTANT SECRETARY ure of Registered Agent	duran O		

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