## M150000 7501

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

Office Use Only



900335297789

10/11/19--01025--006 \*\*25.08

RA Changes



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 9, 2019

Order#: 929796-007

Re: COMMONEO, 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: Ashley Seeman

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.

OUCA.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.

1.	Ni	une of the limited liability company: COMMONEO,	LLC							
2 (	(a)	50170 Schoenherr Road		(b) 50170 Schoenherr Road						
(	/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(~)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		SHELBY TOWNSHIP, MI 48315		-	SHELBY	TOWNSHIP, MI 48315				
		09/18/2015			M150000	07501				
3.		Date of filing/registration in Florida	4.	-		Document number				
æ	()	INCORP SERVICES INC								
5.	(a)	Registered Agent and Registered Office shown on the records of	the Flori	da E	Dept. of State	- ¢:				
		17888 67TH COURT N			•					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRF.			-				
		The state of the s		227						
						-				
		LOXAHATCHEE FI.	334	<u>70</u>	_ <del>_</del>	<del>-</del>	<u></u> <b>Q</b>	*. ***		
							3	:		
(	b)	Corporation Service Company				•		٠ ٤٠.		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	<u>iddr</u>	<u>'ess</u> :		-	- <del>-</del> - <del>-</del> -		
		1201 Hays Street					T	्रेड्डिट ए		
		NEW Registered Office Address:				-	24 :5	. PAIR		
						-		÷,		
		Tallahassee FI.	<u>, 323</u> 0	)1		-				
the ager	cha nt v /we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the li	giste con mit	ered office upany, it is ed liability	e and the business office is hereby confirmed that t y company or as otherwise	of the r he char	egistered ige(s)		
		/s/ Jill Cilmi	Jil	l Cil	lmi, Autho	rized Person				
Signature of a member or authorized representative of a member					Printed or typed name of signee					
prov the o	visi obl iere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, 1) I in writing of this change.	ee to a perfori d for in hereby	ct in nan Ch con	n this capa ace of my a apter 605 firm that i	acity. I further agree to c duties, and I am Jamiliar , F.S. Or, if this docume the limited liability comp	comply with a nt is be any ha	with the id accept ing filed s been		
Sign	ıatu	re of Registered Agent Corporation Service Company	BY:	Gra	ice E. Kir	by, Asst. Vice Presider	ıt			