## M 1600000 1134

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

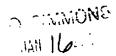




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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: January 9, 2019

Order#: 515669-039

Re: CARLSON WALBRIDGE 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: 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.

QUCA. 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.

ì.	Name of the limited liability company: <u>CARLSON WA</u>	ALBRIDGE	ASSOCIATES LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  DETROIT, MI 48226	(b)	777 WOODWARD AVE STE 300  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  DETROIT, MI 48226
	02/10/2016	<del>-</del> -	M16000001134
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	t the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET		
	PLANTATION	I. <u>33324</u>	
(b)	S) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	<u>en:</u> ??	
	Tantel hand of the registered regent and of the registered	o conce abui	. G
	1201 Hays Street		. is
	NEW Registered Office Address:		<del></del>
	Tallahassee	22201	
	Tallaliassee Pi	J. <u>32301</u>	
the c agent was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the registe iability con of the limit	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Xie & GOnie	Jill Ci	mi, Authorized Person
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	weby accept the appointment as registered agent and ages is ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I sed in writing of this change.	ree to act in 2 performan 2d for in Ch hereby com	t this capacity. I further agree to comply with the ree of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signa	nure of Registered Agent Corporation Service Company	BY: Gra	ce E. Kirby, Asst. Vice President

## 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

. Na	one of the limited liability company: CARLSON WAL	.BRIDGE	ASSOCIA	TES LLC
. (a)	777 WOODWARD AVE STE 300	(b)		DODWARD AVE STE 300
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		2	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DETROIT, MI 48226	_	DETROIT	Г, МІ 48226
	02/10/2016	_	M1600000	01134
	Date of filing/registration in Florida	4.		Document number
. (a)	C T CORPORATION SYSTEM			
. (11)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State	∷
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address			
	· · · · · · · · · · · · · · · · · · ·			
	PLANTATION, FL	33324		
(b)	<del></del>			()
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Milee add	ress:	•
	1201 House Street			
	1201 Hays Street  NEW Registered Office Address:		<del></del>	
	Eliza registerer office Authess.			•
			<del></del>	<b>(~)</b>
				S
	Tallahassee FI_	32301		
ie cha. gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of the la	the regist bility cor the limi imited li	ered office npany, it is ted liability ability com	and the business office of the registers hereby confirmed that the change(s) company or as otherwise provided in pany.
Sionat	ure of a member or authorized representative of a member	Jill C	ilmi, Author	ized Person Printed or typed name of signee
hereb ovisio e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been appeared to this change.  The of Registered Agent Corporation Service Company	ve to act i performa for in Ci ereby coi	in this capa nce of my a hapter 605, nfirm that t	ocity. I further agree to comply with the