

	(Requestor's Name)	
	(Address)	
-	(Address)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
		•
	(Document Number)	
	(Socialities reasons)	
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A. BUTLER SEP 2 1 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

WALEED CONCULTANTS INC. OF MIC	PIEC AN
SUBJECT: WALKER CONSULTANTS, INC. OF MIC Name of Corporation	FIIGAN
DOCUMENT NUMBER: P00285	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Christy R	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
professional@harborcompliance.c	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, pleas	se call:
Christy R	at (717 \\ \)837.3205
Name of Contact Person	at (717)837.3205 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org)502, 607,1508, or 617,1508, Florida Stati ganized under the laws of the State of <u>Micl</u> istered agent, or both, in the State of Flori	higan	
1. The name of t	he corporation: WALKER CONSULT.	ANTS, INC. OF MICHIGAN		
	office address: 4904 Eisenhower Blvd,			
3. The mailing a	ddress (if different): 151 S Rose St, Ste	: 800, Kalamazoo, MI 49007		
4. Date of incorp	poration/qualification: 12/15/1983	Document number: P00285		
5. The name and		d agent and registered office on file with the		
	CORPORATION SERVICE COMPAN	ΚΥ		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2525		20	
6. The name and (if changed):	l street address of the new registered a	gent (if changed) and /or registered office	2022 SEP 20) <u>.</u>
	Registered Agents Inc.			
	7901 4th St N STE 300	Box NOF accentable	AM 9: 27	<u> با مناه</u> المناه
	P.O. St. Petersburg Fl. 33702	Box NOF acceptable	2 7	
The street address changed will	ess of its registered office and the street be identical.	eet address of the business office of its re-	gistered a	igent,
		nted by its board of directors or by an offinotified in writing of the change.		
/s/James Org	hard	James Orchard - Vice President		
Signatu I hereby accept I further agree of my duties, an document is bei	re of an officer or director the approximant as registered agent	tatutes relative to the proper and comple obligation of my position as registered ag othe registered office address, I hereby co	te perfori yent. Or onfirm th	mance if this at the
Red Hame		09/19/2022		_
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
Т	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *