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A. BUTLER AUG 25 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I	200000001	95		
	REFERENCE	: 9	04325	7216251		
	AUTHORIZATION	:	nelloce	Man		
	COST LIMIT	: (\$	3 .5′. 00			
ORDER DATE : Au	igust 24, 2022				-	
ORDER TIME :	.:20 PM					
ORDER NO. : 90	04325-035					
CUSTOMER NO:	7216251					
		-				
CHANGE OF AGENT						
NAME:	DOMINO'S PIZZA PAYROLL SERVIO			T		
PLEASE RETURN TH		PROO	F OF FILI	NG:		
CERTIFIE PLAIN ST	ED COPY CAMPED COPY					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	nge is submitted for a corp	9502, 617,0502, 607,1508, or 617,1508, Florida Statute oration organized under the laws of the State of Florid ffice or registered agent, or both, in the State of Florida	а	
1. The name of t	he corporation: DOMINO's	S PIZZA INTERNATIONAL PAYROLL SERVICES, IN	1C.	
		loyd Wright Drive, Ann Arbor, MI 48106		
3. The mailing a	ddress (if different): P.O.	Box 1463, Ann Arbor, MI 48106		
4. Date of incorp	oration/qualification: Octo	ober 10, 1990 Document number: S04920		
5. The name and		nt registered agent and registered office on file with the		
	CT Corporation Sytem			
	1200 S. Pine Island Road	d		
	Plantation	FL 33324		
6. The name and (if changed):	street address of the new r	registered agent (if changed) and /or registered office;	2022 NUG 24	.artyan O E .arcaa .arcaa
	<u> </u>	(,) (,) (,)	<u>.</u> →	
	1201 Hays Street	P.O. Box NOT acceptable	ڣ	
	Tallahassee	FL 32301	03	
The street addre as changed will	ss of its registered office a be identical.	and the street address of the business office of its regi	stered	agent.
Such change wa authorized by th	is authorized by resolution te board, or the corporation	nduly adopted by its board of directors or by an office in has been notified in writing of the change.	er so	
\$) Xie & GOnie		e Pres	ident
I further agree to of my duties, an document is bei corporation has	o comply with the provisio	Printed or typed name and title ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete accept the obligation of my position as registered agent change in the registered office address, I hereby confitting this change.	perfor nt. Or, nfirm th	mance if this sat the
	Dange nature of Registered Agent	08/24/2022		
Lindsey M. Baron	nature of Registered Agent ie, Assistant Vice President	Date		
If signing on be	half of an entity:			
	ped or Printed Name			

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