

**MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name

Address

City

State

Zip Code

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

**CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR CHANGE OF RESIDENT AGENT
For use by Domestic and Foreign Corporations and Limited Liability Companies**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), or Act 23, Public Acts of 1993 (limited liability companies), the undersigned corporation or limited liability company executes the following Certificate:

1. The name of the corporation or limited liability company is:

2. The identification number assigned by the Bureau is:

3. a. The name of the resident agent on file with the Bureau is:

b. The location of the registered office on file with the Bureau is:

_____, Michigan _____
(Street Address) (City) (ZIP Code)

c. The mailing address of the above registered office on file with the Bureau is:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

ENTER IN ITEM 4 THE INFORMATION AS IT SHOULD NOW APPEAR ON THE PUBLIC RECORD

4. a. The name of the resident agent is:

b. The address of the registered office is:

_____, Michigan _____
(Street Address) (City) (ZIP Code)

c. The mailing address of the registered office IF DIFFERENT THAN 4B is:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

5. The above changes were authorized by resolution duly adopted by: 1. ALL CORPORATIONS: its Board of Directors; 2. PROFIT CORPORATIONS ONLY: the resident agent if only the address of the registered office is changed, in which case a copy of this statement has been mailed to the corporation; 3. LIMITED LIABILITY COMPANIES: an operating agreement, affirmative vote of a majority of the members pursuant to section 502(1), managers pursuant to section 405, or the resident agent if only the address of the registered office is changed.

6. The corporation or limited liability company further states that the address of its registered office and the address of its resident agent, as changed, are identical.

Signature

Type or Print Name and Title

Date Signed

Preparer's Name _____

Business telephone number _____

INFORMATION AND INSTRUCTIONS

1. The Certificate of Change of Registered Office and/or Change of Resident Agent cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on optical disk media, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This Certificate is to be used pursuant to section 242 of Act 284, PA of 1972, or Act 162, PA of 1982, by domestic and foreign corporations, or pursuant to section 209 of Act 23, PA of 1993 by domestic and foreign limited liability companies, for the purpose of changing their registered office or resident agent, or both.
4. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
5. Item 3 - The address of the registered office and the name of the resident agent must be the same as are designated in the Articles of Incorporation, Articles of Organization, or subsequent change filed with the Bureau.
6. Item 4 - A post office box may not be designated as the address of the registered office. The resident agent can change the registered office by filing this form only if this is a profit corporation or a limited liability company.
7. This Certificate must be signed by:
PROFIT CORPORATIONS: an authorized officer or agent. The resident agent may sign if only the registered office is changed.
NONPROFIT CORPORATIONS: president, vice-president, chairperson, vice-chairperson, secretary or assistant secretary of the corporation.
PROFESSIONAL SERVICE CORPORATIONS: President, vice-president, chairperson, vice-chairperson, secretary or assistant secretary of the corporation.
DOMESTIC LIMITED LIABILITY COMPANIES: A manager, if managed by one or more managers. Otherwise, the signature of a member. The resident agent may sign if only the registered office is changed.
FOREIGN LIMITED LIABILITY COMPANIES: a person with authority to do so under the laws of the jurisdiction of its organization. The resident agent may sign if only the registered office is changed.
8. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include name and identification number on check or money order **\$5.00**

To submit by mail:

Michigan Department of Consumer & Industry Services
 Bureau of Commercial Services
 Corporation Division
 7150 Harris Drive
 P.O. Box 30054
 Lansing, MI 48909

To submit in person:

6546 Mercantile Way
 Lansing, MI
 Telephone: (517) 241-6400

Fees may be paid by VISA or Mastercard when delivered in person to our office.

To submit electronically: (517) 334-8048 or (517) 334-6800

*To use this service complete a MICH-ELF application to provide your VISA or Mastercard number. Include your assigned Filer number on your transmission. To obtain an application for a filer number, contact (517) 241-6420 or visit our WEB site at:
<http://www.cis.state.mi.us/bcs/corp>.