

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

Date Received

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 APPOINTMENT OF RESIDENT AGENT
For use by Domestic Corporations**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned executes the following Certificate:

1. The name of the corporation is:

2. a. The address of the registered office is:

_____ , Michigan _____

(Street Address) (City) (ZIP Code)

b. The mailing address of the registered office if different than above:

_____ , Michigan _____

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

3. The name of the resident agent is:

4. The corporation further states that the address of its registered office and the address of the business office of its resident agent are identical.

5. The designation of the resident agent was authorized by resolution duly adopted by its Board of Directors.

Profit Corporations

Signed this ____ day of _____, _____

By _____

(Signature of an authorized officer or agent)

(Type or Print Name)

Nonprofit Corporations

Signed this ____ day of _____, _____

By _____

(Signature of President, Vice-President, Chairperson, Vice-Chairperson, Secretary, or Assistant Secretary)

(Type or Print Name) (Type or Print Title)

Preparer's Name _____

Business telephone number _____

INFORMATION AND INSTRUCTIONS

- 1. The appointment 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 electronic format, 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 241 of Act 284, P.A. of 1972 or Act 162, P.A. of 1982, for the purpose of appointing a resident agent and is to be used by corporations that do not state the name of the initial resident agent in their Articles of Incorporation or by corporations whose resident agent has resigned. The Act requires each domestic corporation to have and continuously maintain a resident agent.
- 4. Item 2 - A post office box may not be designated as the address of the registered office.
- 5. This Certificate must be signed by:

PROFIT CORPORATIONS: an authorized officer or agent.
NONPROFIT CORPORATIONS: either the president, vice-president, chairperson or vice-chairperson.

- 6. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include corporation 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.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at <http://www.cis.state.mi.us/bcs/corp/>
 Customer with MICH-ELF Filer Account: Send document to (517) 241-9845