

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

(FOR BUREAU USE ONLY)

OCT 19 2017

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

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**FILED**

**OCT 20 2017**

EFFECTIVE DATE:

Name Corporation Service Company, Attn.: Tecora Bell-COA		
Address 251 Little Falls Dr		
City Wilmington, DE	State DE	ZIP Code 19808

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

ADMINISTRATOR  
CORPORATIONS DIVISION

**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 the last page)

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

1. The name of the corporation or limited liability company is:  
BAJCO MICHIANA II, LLC

2. The identification number assigned by the Bureau is: D9003P

3. a. The name of the resident agent on file with the Bureau is: REGISTERED AGENT SOLUTIONS, INC.

b. The location of the registered office on file with the Bureau is:  
2285 S MICHIGAN RD EATON RAPIDS, Michigan 48827  
(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: CSC-Lawyers Incorporating Service (Company)

b. The address of its registered office is:  
601 Abbot Road East Lansing, Michigan 48823  
(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 or 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. 2. NONPROFIT CORPORATIONS ONLY: the incorporators, only if no board has been appointed. 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 <i>Jill E. Cilmi</i> TO	Type or Print Name and Title or Capacity Jill Cilmi Authorized Person	Date Signed 10/13/2017
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