Filed by Corporations Division Administrator Filing Number: 202035583390 Date: 02/06/2020



Form Revision Date 07/2000

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

	For use by DOMESTIC PR						
Pursuant to the provis	sions of Act 284, Public Acts of 1972 (profit co	rporations) the undersigned executes	s the following Certificate:				
The identification number assigned by the Bureau is:		801986179					
The name of the corporation is:		BLACK OWNED (B.L.O.W.N) CO.	\$				
The name of the resident agent on file with the Bureau is :		JOE BLACK					
The location of the registered office on file with the Bureau is:		623 CRESTON DR ,TROY, MI, 48085	\$				
The mailing address of the above office on file with the Bureau is:			$\hat{\mathbb{Q}}$				
Enter in Item A the information as it should now appear on the public record. A.The street address of the registered office and the name of the resident agent at the registered office (P.O. Boxes are not acceptable): Agent Name: JOE BLACK Street Address: 821 BRANDON AVE							
Apt/Suite/Other:							
City:	PONTIAC						
State:	MI	Zip Code: 48340					
Registered Office Mailing Address:							
P.O. Box or Street Address: Apt/Suite/Other:	17910 VAN DYKE						
City:	DETROIT						
State:	MI	Zip Code: 48234					
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.							

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.

Effective Date: 01/31/2020

This document must be signed by an authorized officer or agent (corporations) or a member, manager, or an authorized agent (limited liability companies).

Signed this 31st Day of January, 2020 by:

	Signature	Title	Title if "Other" was selected
	Joe Black	President	
П			

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I furt	her certify
that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.	

jm Decline jm Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

for

BLACK OWNED (B.L.O.W.N) CO.

ID Number: 801986179

received by electronic transmission on January 31, 2020 , is hereby endorsed.

Filed on February 06, 2020 , by the Administrator.

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



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 6th day of February, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau