Filed by Corporations Division Administrator Filing Number: 202060745820 Date: 03/23/2020



Form Revision Date 07/2000

	For use by DOMESTIC ons of Act 23, Public Acts of 1993 (limited	LIMITED LIABILITY COMPANY		
		802313852	The rollowing certificate.	
The identification number assigned by the Bureau is:				
The name of the limited lia	ability company is:	INFORMS, LLC	\$	
The name of the resident agent on file with the Bureau is :		WAYNE P. BRYAN		
The location of the registered office on file with the Bureau is:		99 MONROE AVE NW STI 1100 ,GRAND RAPIDS, M		
The mailing address of the	e above office on file with the Bureau is:		\$	
	nation as it should now appear on the pune registered office and the name of the ROBERT DUNN		ffice (P.O. Boxes are not acceptable):	
Street Address:	13055 RILEY STREET STE 10			
Apt/Suite/Other:				
City:	HOLLAND			
State:	MI	Zip Code: 49424		
Registered Office Mailing A P.O. Box or Street Address: Apt/Suite/Other: City: State:	Address:	Zip Code:		
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 as changed, are identical.	d liability company further states that th	ne address of its registered office an	d the address of its resident agent	
Effective Date:	03/23/2020			
This document must be signability companies). Signed this 23rd Day of M	gned by an authorized officer or agent (d	corporations) or a member, manage	er, or an authorized agent (limited	

Title Title if "Other" was selected Signature Amy Nyboer Manager

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

j Decline j 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

INFORMS, LLC

ID Number: 802313852

received by electronic transmission on March 23, 2020 , is hereby endorsed.

Filed on March 23, 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 23rd day of March, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau