Filed by Corporations Division Administrator Filing Number: 221445001960 Date: 07/16/2021



Form Revision Date 07/2000

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993 (limited liability companies) the undersigned executes the following Certificate:

The identification number assigned by the Bureau is:	802156155
The name of the limited liability company is:	PAW MANAGEMENT, LLC
The name of the resident agent on file with the Bureau is :	PAULA WASHINGTON
The location of the registered office on file with the Bureau is:	15001 KERCHEVAL ,STE. 106, GROSSE POINTE PARK, MI, 48230
The mailing address of the above office on file with the Bureau is:	15001 KERCHEVAL AVE, STE 168, GROSSE POINTE PARK, MI, 48230

Street Address: 607 SHELBY ST

Apt/Suite/Other: STE 700-1045

City: **DETROIT**

Zip Code: 48226 State: MI

Registered Office Mailing Address:

P.O. Box or Street

607 SHELBY ST Address: STE 700-1045 Apt/Suite/Other:

City: **DETROIT**

State: Zip Code: 48226 MI

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.

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 11th Day of July, 2021 by:

Signature	Title	Title if "Other" was selected
PAULA WASHINGTON	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further 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

PAW MANAGEMENT, LLC

ID Number: 802156155

received by electronic transmission on July 11, 2021 , is hereby endorsed.

Filed on July 16, 2021 , 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 16th day of July, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau