



Form Revision Date 07/2000

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

For use by DOMESTIC PROFESSIONAL CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972 (professional corporations) the undersigned executes the following Certificate:

The identification number assigned by the Bureau is:	<input type="text" value="802266824"/>
The name of the corporation is:	<input style="border: none; background-color: #e0e0e0; width: 100%;" type="text" value="COPPER RIDGE HEALTH, P.C."/>
The name of the resident agent on file with the Bureau is :	<input style="border: none; background-color: #e0e0e0; width: 100%;" type="text" value="PHILIP LIEFFERS"/>
The location of the registered office on file with the Bureau is:	<input style="border: none; background-color: #e0e0e0; width: 100%;" type="text" value="4290 COPPER RIDGE DR. ,STE. 100, TRAVERSE CITY, MI, 49684"/>
The mailing address of the above office on file with the Bureau is:	<input style="border: none; background-color: #e0e0e0; width: 100%;" type="text" value="4290 COPPER RIDGE DR., STE. 110, TRAVERSE CITY, MI, 49684"/>

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:	BRIAN S. FLEETHAM		
Street Address:	200 OTTAWA AVENUE N.W.		
Apt/Suite/Other:	SUITE 1000		
City:	GRAND RAPIDS		
State:	MI	Zip Code:	49503

Registered Office Mailing Address:

P.O. Box or Street Address:	200 OTTAWA AVENUE N.W.		
Apt/Suite/Other:	SUITE 1000		
City:	GRAND RAPIDS		
State:	MI	Zip Code:	49503

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 12th Day of May, 2022 by:

Signature	Title	Title if "Other" was selected
BRIAN S. FLEETHAM	Authorized Agent	

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.

Decline 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

COPPER RIDGE HEALTH, P.C.

ID Number: 802266824

received by electronic transmission on May 12, 2022 ***, is hereby endorsed.***

Filed on May 17, 2022 ***, 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 17th day of May, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau