

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT For use by DOMESTIC LIMITED LIABILITY COMPANY

Form Revision Date 07/2000

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:		802769756			
The name of the limited liability company is:		RUSSELL PLASTERING & SOM	NS LLC		
			\checkmark		
The name of the resident agent on file with the Bureau is :		SCOTT R. RUSSELL			
The location of the registered office on file with the Bureau is:		331 BASKET BRANCH ,OXFOR MI, 48371	RD,		
The mailing address of the above office on file with the Bureau is:		503 LIVERNOIS, FERNDALE, 48220	MI,		
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: SCOTT R. RUSSELL 2. Street Address: 331 BASKET BRANCH Apt/Suite/Other:					
City:	OXFORD				
State:	MI	Zip Code: 48371			
Registered Office Mailing P.O. Box or Street Address: Apt/Suite/Other: City:	Address: 2129 HEIDE ROAD TROY				
State:	MI	Zip Code: 48084			
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:	10/10/2022				
This document must be s	igned by an authorized officer or agent (corpo	prations) or a member, manager, or	r an authorized agent (limited		

Signed this 10th Day of October, 2022 by:

liability companies).

Signature	Title	Title if "Other" was selected
Scott Russell	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.

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

RUSSELL PLASTERING & SONS LLC

ID Number: 802769756

received by electronic transmission on October 10, 2022 , is hereby endorsed.

Filed on October 13, 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 13th day of October, 2022.

Linda "

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau