

## 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:		802267551		
The name of the limited liability company is:		SPARTAN PARTNERS SERVICES		
The name of the resident agent on file with the Bureau is :		ADEL FAKHOURI		
The location of the registered office on file with the Bureau is:		888 W. BIG BEAVER ROAD ,870, TROY, MI, 48084		
The mailing address of the above office on file with the Bureau is:		888 W BIG BEAVER ROAD, SUITE 870, TROY, MI, 48084		
	nation as it should now appear on the public reco ne registered office and the name of the resider CAPITOL CORPORATE SERVICES, INC. 186 N MAIN ST 2ND FL STE 1 PLYMOUTH MI	ord. It agent at the registered office (P.O. Boxes are not acceptable): Zip Code: 48170		
Registered Office Mailing Address:				
P.O. Box or Street Address:	186 N MAIN ST 2ND FL			
Apt/Suite/Other:	STE 1			
City:	PLYMOUTH			
State:	MI	Zip Code: 48170		
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 19th Day of October, 2022 by:

Signature	Title	Title if "Other" was selected
JENNIFER SMITH	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.

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

SPARTAN PARTNERS SERVICES LLC

*ID Number:* 802267551

received by electronic transmission on October 19, 2022 , is hereby endorsed.

*Filed on* October 21, 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 21st day of October, 2022.

Jinda (

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau