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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received JUL 25 2022	(FOR BUREAU USE ONLY)
	<input type="checkbox"/> AC1 ADJUSTED TO AGREE WITH BUREAU RECORDS
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name Chad Peterson		
Address 4020 Mackie Brook Ln		
City Parma	State MI	ZIP Code 49269

TransInfo:1 25130559-1 07/18/22

Chk#: 5011 Amt: \$5.00

ID: 802727680

FILED**JUL 26 2022**

EFFECTIVE DATE:

ADMINISTRATOR
CORPORATIONS DIVISION

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR CHANGE OF RESIDENT AGENT
For use by Domestic and Foreign Corporations and Limited Liability Companies
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), or Act 23, Public Acts 1993 (limited liability companies), the undersigned execute the following Certificate:


1. The name of the corporation or limited liability company is: <u>Peterson's Billing Solutions, LLC</u>
2. The identification number assigned by the Bureau is: <input type="text" value="802727680"/>
3. a. The name of the resident agent on file with the Bureau is: <u>Chad Peterson</u>
b. The location of the registered office on file with the Bureau is: <u>209 E Washington Ave Suite 180-B</u> <u>Jackson</u> , Michigan <u>49201</u> (Street Address) (City) (ZIP Code)
c. The mailing address of the above registered office on file with the Bureau is: <u>Same</u> , Michigan _____ (Street Address or P.O. Box) (City) (ZIP Code)

ENTER IN ITEM 4 THE INFORMATION AS IT SHOULD NOW APPEAR ON THE PUBLIC RECORD

4. a. The name of the resident agent is: <u>Chad Peterson</u>
b. The address of its registered office is: <u>209 E Washington Ave Suite 210</u> <u>Jackson</u> , Michigan <u>49201</u> (Street Address) (City) (ZIP Code)
c. The mailing address of the registered office IF DIFFERENT THAN 4B is: <u>Same</u> , Michigan _____ (Street Address or P.O. Box) (City) (ZIP Code)

5. 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.
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6. 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.

Signature 	Type or Print Name and Title or Capacity CHAD PETERSON OWNER	Date Signed 7/13/22
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