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CSCL/CD-520 (Rev. 10/17)					
<del>4-</del>		CENSING AND REGUI & COMMERCIAL LICE			
Date Received	ACI	/FOR BUREAU USE ONLY)			
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AUG 2 9 2022	subsequent effective date	on the date filed, unless a within 90 days after received			
date is stated in the document.			_, TranInfo:1 25156629-373 08/29/22		
PARACORP, INCORPORATED		Chk#: 118933 Amt: \$5.00 ID: PARASEC			
Address 186 N MAIN STREET	. 2ND FLOOR SUITE ON	4E		FILED	
City PLYMOUTH	State MI	ZIP Code 48170	EFFECTIVE DATE:	AUG 29 2022	
Document will be return lf left blank, document	ned to the name and addre ent will be returned to the	ess you enter above.	rc	ADMINISTRATOR DRPORATIONS DIVISION	
CERTIFICATE OF C	HANGE OF REGI	STERED OFFICE AND			
	e by Domestic and F	oreign Corporations and I formation and instructions o	imited Liability Compan		
Pursuant to the provisions of Act 28 1993 (limited liability companies), (l			Acts of 1982 (nonprofit corporati	ons), or Act 23, Public Acts	
The name of the corporation of PAUMAVALLEY INSURA					
	<u></u>				
2. The identification number assignment	gned by the Bureau is: 80	2690177			
3. a. The name of the resident a	gent on file with the Bureau	is: PARACORP INCORPORA	ATED		
b. The location of the register	ed office on file with the Burn	eau is:			
40600 ANN ARBOR RI	-	PLYMOUTH	48170		
(Street Address)	OAD EAGT #200	(Citý)	Michiga	(ZIP Code)	
c. The mailing address of the above registered office on file with the Bureau is:					
PO BOX 1530		VALLEY CENTER CA		92082	
(Street Address or P.O. Be		(City)	, Mishiga	n	
	<del></del>	ATION AS IT SHOULD NOW APPI	FAR ON THE DUBLIC RECORD	<del>`</del>	
	<del></del>	<del></del>	LINE ON THE POLICI RECORD	<u> </u>	
4. a. The name of the resident a	gent is: PARACORP INC	ORPUKATED			
b. The address of its registere	ed office is:				
186 N. MAIN STREET.	2ND FLOOR SUITE ON	E PLYMOUTH		48170	
(Street Address)		(City)	, Michiga	(ZIP Code)	
c. The mailing address of the	registered office IF DIFFER	ENT THAN 4B is:			
			i an an	_	
(Street Address or P.O. B	ox)	(City)	, Michiga	(ZIP Code)	
address of the registered office ONLY: the incorporators, only	e is changed, in which case a if no board has been appoin	opted by: 1. ALL CORPORATION: a copy of this statement has been it ted. 3. LIMITED LIABILITY COMP suant to section 405, or the residen	mailed to the corporation: 2. NOt ANIES: an operating agreement.	NPROFIT CORPORATIONS affirmative vote of a majority	
The corporation or limited liabil identical.	ity company further states th	nat the address of its registered off	ice and the address of its resider	nt agent as changed, are	

Rhonder Vaughe Signature Type or Print Name and Title or Capacity Date Signed PARACORP INC AGENTI 8/8/22