

	EPARTMENT OF LIC					
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU Pale Received AUG 2 9 2022 AC1 AC1 FOR BUREAU USE ONLY)						
	subsequent effective date w	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.			TranInfo:1 25156629-563 08/29/22	
Name PARACORP, INCORPORATED			Chk#: 118933 Apt: \$5.00 ID: PARASEC			
Address 186 N MAIN STREET, 2ND FLOOR SUITE ONE				FILE	•	
City PLYMOUTH	State MI	ZIP Code 48170	EFFECTIVE DATE:	AUG 2 9 20	122	
	turned to the name and address ument will be returned to the re		ADMINISTRAT			
For Pursuant to the provisions of Ac	CHANGE OF REGIS use by Domestic and For (Please read info t 284, Public Acts of 1972 (profit of), the undersigned execute the fol	reign Corporations and rmation and instructions corporations), or Act 162, Public	Limited Liability Co on the last page)	mpanies		
1. The name of the corporatio	n or limited liability company is:					
2. The identification number a	ssigned by the Bureau is: 80°	1061788		1		
3. a. The name of the reside	nt agent on file with the Bureau is:	PARACORP INCORPORA	ATED			
b. The location of the regis	stered office on file with the Burea	u is:				
40600 ANN ARBOR	40600 ANN ARBOR ROAD EAST #200 PLYMOUTH			, Michigan 48170		
(Street Address)	(Street Address) (City)		·,·	(ZIP Code)		
c. The mailing address of	the above registered office on file	with the Bureau is:				
(Street Address or P.O	. Box)	(City)	, t	Michigan(ZIP Code)		
ENTER IN ITEM 4 THE INFORMATION AS IT SHOULD NOW APPEAR ON THE PUBLIC RECORD						
4. a. The name of the resider	nt agent is: PARACORP INCO	RPORATED		····	_	
(Street Address)	tered office is: ET, 2ND FLOOR SUITE ONE the registered office IF DIFFEREN	:PLYMOUTH (City)		Michigan 48170 (ZIP Code)		
(Street Address or P.O. Box) (City)				Michigan(ZIP Code)		
address of the registered of ONLY: the incorporators; or of the members pursuant to	uthorized by resolution duly adopt fice is changed, in which case a c nly if no board has been appointed section 502(1), managers pursua ability company further states that	opy of this statement has been B. 3. LIMITED LIABILITY COMP int to section 405, or the resider	mailed to the corporation, ANIES: an operating agre t agent if only the address	2: NONPROFIT CORPO bement, affirmative vote of s of the registered office in	RATIONS a majority changed.	
Signature Rhone	la. Vaugh	Type or Print Name and Title PARACORP INC AGEN		Date Signe 8/8/22		
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JK