## F00000004842

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## **FILING REQUEST**

December 1, 2004

## FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

BUSINESS STRATEGY AUDIT SERVICES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed: \*\*

CHECK #17496 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ovisions of sections 607.0502, 617.0502, 607.150 ed for a corporation organized under the laws of t	•	this statement of in order	
	stered office or registered agent, or both, in the St			
1. The name of the corporation: Business Strategy. Inc. d/b/a Business Strategy A 2. The principal office address: 944 52nd Street SE, Grand Rapids, MI 49508 Services, Inc.				
3. The mailing add	dress (if different):		<u> </u>	
4. Date of incorpo	oration/qualification: 8/21/2000 Docu	ument number: F0000004842	· · ·	
5. The name and s Florida Departn	street address of the current registered agent and renent of State:	egistered office on file with the		
_(	CT Corporation System			
<u>1</u>	200 South Pine Island Road			
. <u> </u>	Plantation, FL 33324		- -	-
6. The name and s (if changed):	treet address of the new registered agent (if chang	ged) and /or registered office	O	
_	NRAI Services, Inc.			
	526 E. Park Avenue		翻りた	
_	(P.O. Box or personal mailbox NOT a	acceptable)	置 四	
	Tallahassee, FL 32301			
The street address changed will be id	s of its registered office and the street address of dentical.	f the business office of its registe		
Such change was the board, or the	authorized by resolution duly adopted by its bo corporation has been notified in writing of the cl	ard of directors or by an officer s hange.	so authorized by	
Carrie	nature of an efficer of director)	David Kistler, Vice President	tie)	
been nonjied in w	ne appointment as registered agent and agree to comply with the provisions of all statutes relationality with and accept the obligation of my power to reflect a change in the registered office additional of this change.	o act in this capacity, we to the proper and complete pe sition as registered agent. Or, if ress, I hereby confirm that the co	rformance of my this document is rporation has	
NRAI Services, I	San	1/1/2001	1	
a de la companya de	gnature of Registered Agent)	/ (Date)		
If signing on beha	ur or an entity:			
Jackie Sorman	Typed or Printed Name)	Assistant Secretary (Capacity)		
<b>\</b>	- ^ 5	(Achaeit)		

\* \* \* FILING FEE: \$35.00 \* \* \*