F05000004307

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 965248

7855475

AUTHORIZATION

COST LIMIT

ORDER DATE: November 1, 2011

ORDER TIME : 9:57 AM

ORDER NO. : 965248-003

CUSTOMER NO: 7855475

CHANGE OF AGENT

NAME: BOB D. CAMPBELL AND COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	rganized under the lo	aws of the State of Missour	
1. The name of	the corporation: BOB D. CAMPB	ELL AND COMP	ANY, INC.	
	l office address:eview, Kansas City, MO 64111			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 07/25/2005	Document	number: F05000004307	
	d street address of the current register rtment of State:	ed agent and register		
	C T Corporation System			
	1200 South Pine Island Road		ECRE	重二
	Plantation, FL 33324		ASSE ASSE	FILED
6. The name and (if changed):	d street address of the new registered	agent (if changed) an	1,1	3 32 3 32
	Corporation Service Company			-
	1201 Hays Street			
	(P.O. Box NOT accept	table)		
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the st l be identical.	eet address of the b	usiness office of its registe	red agent,
Such change wa authorized by th	as authorized by resolution duly add he board, or the corporation has bee	pted by its board of a notified in writing	directors or by an officer sof the change.	so
(S)gnati	ure of an officer or director)		thell, Vice President	
of my duties, an document is bei corporation has	t the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this cha	t and agree to act in statutes relative to t obligation of my po n the registered offi nge.	n this capacity. he proper and complete pe sition as registered agent. ce address, I hereby confir	rformance Or, if this m that the
Ву:	on Service Company	11/01/2011		
	gnature of Registered Agent)		(Date)	
If signing on be	ehalf of an entity:			
Sylvia Queppe	et, Asst. Vice President			
T)	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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