12/5/2014 13:54:25 From: To: 8506176380

(1/3)

Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	
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REGISTERED AGENT CHANGE **BAKER MECHANICAL INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Help

T. CARTER

12/5/2014

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	BAKER MECHANICAL INC		
5520	Name of Corpor	ation	
DOCI	F12000003056		
The er	enclosed Statement of Change of Registered Office/Age	ent and fee a	re submitted for filing.
	e return all correspondence concerning this matter to the		
i icasc	e return an contespondence concerning and matter to a	ik lonowing.	
	Suzanne Martinson		
	Name of Contact	Person	
	The Baker Group		
	Firm/Compa	ny	
	4224 Hubbell Ave.		
	Address		
	Des Moines, IA 50317		
	City/State and Zi	p Code	
	martinsons@thebakergroup.com		
	E-mail address: (to be used for future	annual rep	ort notification)
For fu	further information concerning this matter, please call:		
Suzan	nne Martinson	515	299-4004
	Name of Contact Person	Area Code	& Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Departmen	t of State.	
	Mailing Address: Amendment Section	Street	Address: Iment Section
	Division of Corporations		on of Corporations
	P.O. Box 6327	Cliftor	n Building
	Tallahassee, FL 32314		Executive Center Circle assee, FL 32301

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, th organized under the laws of the State of lowa egistered agent, or both, in the State of Florida.	nis 		
1. The name of	the corporation: BAKER MECHANIC	CALINC			
2. The principal	office address: 4224 HUBBELL AVE	DES MOINES, IA 50317			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 07/23/2012	Document number: F12000003056			
	d street address of the current register riment of State: (If resigned, enter res	red agent and registered office on file with the signed)			
	NATIONAL CORPORATE RESEAR	RCH, LTD., INC.	. =		
	155 OFFICE PLAZA DR		10 11 N		
	TALLAHASSEE, FL 32301		14 DEC -5		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	AM		
	C T Corporation System		10: 18		
	c/o C T Corporation System, 1200 South Pine Island Road				
		k NOT acceptable			
	Plantation, Florida 33324				
The street addr as changed will	ess of its registered office and the st i be identical.	treet address of the business office of its registere	d agent,		
Such change wanthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.			
11	~ B	Max Bode, Secretary			
•	ine of an officer or director	Printed or typed name and little			
nereby conjum	inal the corporation has been hory	nt and agree to act in this capacity. I stautes relative to the proper and complete and accept the obligation of my position as regist I reflect a change in the registered office address, the din writing of this change.	ered , I		
By: () a_h	poration System James M. Halpin Assistant Secretary making of Registered Agent	12/1/2014			
y Sig		Date			
If signing on be	chalf of an entity:				
1	Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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