## Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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INCHES OF CORPORATION

## REGISTERED AGENT CHANGE

BHA GROUP, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, 1 If change is submitted for a corporation organized under the laws of the		ites,	
Delaware	in order to change its registered office or registered agent, or b	oth, in the S	tate	
of Florida.				
1. The name of	the corporation: BHA Group, Inc.			_
2. The principal	office address: \$800 B. 63rd St.			_
Kansas City, I	MO 64133			_
3. The mailing	address (if different):	ALC:	)5 <u>A</u> lliG	- <b>-</b> T]
4. Date of incor	poration/qualification: 07/08/1997 Document number: F970	<del> </del>	<u> </u>	
		£, ch	3	
	d street address of the current registered agent and registered office on fil runent of State:	le with the ORIGINATION ORIGIN	<u></u>	U
	United Corporate Services, Inc.	. <del>5</del> 7	σ <sub>ν</sub>	
	9200 South Dadeland Blvd.	-		
	Miami, FL 33156			
6. The name ar changed):	nd street address of the new registered agent (if changed) and /or regis	stered office	(if	
umgeus,	C T Corporation System			
	e/o C T Corporation System			
(P.O. Box or personal mailbox NOT acceptable)				
-	1200 South Pine Island Road, Plantation, Florida 33324			
The street addressent, as change	ess of its registered office and the street address of the business office of will be identical.	f its register	eđ	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.  James C. Shay, Vice Presiden	an officer so	ŧ	
(Signature of the Albert	Channain of West chairman of the board) (Printed of Open name and title)			,
I hereby accept I further agree to performance of registered agent	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and a my duities, and I am familiar with and accept the obligation of my posit. Or, if this document is being filed merely to reflect a change in the relative to confirm that the corporation has been notified in writing of this	complete tion as egistered is change.		
Ву:	Corporation System  August 29  Seture of Registered Agent)  (Date)	005		
If signing on behal				
	John J. Linnihan Asst. Vice President  yped or Printed Name) (Capacity)			
٧.	The second secon			

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

Make Checks payable to Plorida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314