179291

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(,,				
(Document Number)				
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FILE REQUEST

October 20, 2014

Attn: Division of Corporations Florida Department of State P.O. Box 6329 Tallahassee, FL 32314

Type of Filing:

Change of Registered Agent

Subject:

BIRDSALL, INC.

Form(s) Enclosed:

Statement of Change of Registered Office or

Registered Agent

Supporting Document(s):

Check(s) Enclosed:

Check # 109423-\$35.00

Return Via:

Fax/email & US Mail

Filing Method:

Routine

As always, thank you!!!

Please return to:

Carol Berg

Unisearch, Inc.

1780 Barnes Blvd. SW Tumwater, WA 98512 (360) 956-9500 Ext: 106

(800) 531-1717 fax

carol.berg@unisearch.com

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stati n organized under the laws of the State of <u>Flor</u> registered agent, or both, in the State of Flori	rida
1. The name of	he corporation: BIRDSALL, INC.		
• •	office address: H STREET, RIVIERA BEACH, FL 3	33404	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: June 21, 19	54 Document number: 179291	
	I street address of the current regis trnent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	he
	CORPORATION SERVICE COM	PANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	
	NRAI Services, Inc.		100 to 00 to
	1200 South Pine Island Road		14 OCT 24 SECKE FAR SECKE FAR
		Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agents
Such change was authorized by th	s authorized by resolution duly a le board, or he corporation has b	dopted by its board of directors or by an officeen notified in writing of the change.	er so
Steven	E Siese	Steven E. Giese, Assistant Secretary	
	re of the officer or director	Printed or typed name and title	
perjormance of agent. Or, if the	my duties, and I am familiar with	ent and agree to act in this capacity. all statutes relative to the proper and complet and accept the obligation of my position as a to reflect a change in the registered office ad tified in writing of this change.	registered
By: Caral	itara	10/20/2014	
Sigi	natura of Registered Agent	Date	
If signing on be	half of an entity:		
Carol Ber	g, Asst. Secretary		
T	yped or Printed Name		

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)