

FO2000003257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

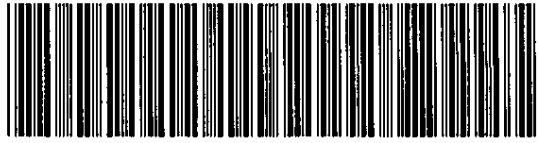
(Business Entity Name)

(Document Number)

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RA/RO Change

SEP 19 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEAUCHAMP & MCSPADDEN, INC.
Name of Corporation

DOCUMENT NUMBER: F02000003257

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person
PARACORP INCORPORATED
Firm/Company
2804 GATEWAY OAKS DR. #200
Address
SACRAMENTO, CA 95833
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COOKE at **(888) 272-3725**
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BEAUCHAMP & MCSPADDEN, INC.
2. The principal office address: 231 W CANAL STREET WABASH, IN 46992
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/25/2002 Document number: F02000003257
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.
1200 South Pine Island Road
Plantation, FL 33324

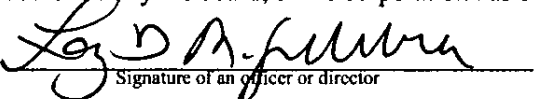
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paracorp Incorporated
236 East 6th Avenue
P.O. Box NOT acceptable
Tallahassee, FL 32303

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 LARRY P. McSpadden Exec VP
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 8-25-14
Signature of Registered Agent Date

If signing on behalf of an entity:
Paracorp Incorporated
Typed 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)

RECEIVED
JUL 21 2014

SUPPORTIVE INSURANCE