Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone

: {85C}222-1092

R. WHITE

: (850)878-5368 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE BADER CO. OF INDIANA

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations		
CIID'	BADER CO. OF INDIANA		
SUD	Name of Cor	poration	
DOC	F04000003682 CUMENT NUMBER:		
The e	enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.	
Pleas	se return all correspondence concerning this matter to	o the following:	
	Name of Conta	oct Person	
	Firm/Com	pany	
	Address		
	City/State and Zip Code		
	E-mail address: (to be used for fut	ure annual report notification)	
For fi	further information concerning this matter, please ca	D:	
····	Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclo	losed is a \$35.00 check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of char	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of IN		-	
		registered agent, or both, in the State of Florida.	•		
I. The name of the	he corporation: BADER CO. OF I	NOIANA			_
2. The principal	office address: 9777 N. COLLEGE	E AVENUE INDIANAPOLIS, IN 46280			_
3. The mailing ac	ddress (if different):				_ _
4. Date of incorp	oration/qualification: 06/29/2004	Document number: F04000003682			_
	street address of the current regis ment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	CORPORATION SERVICE COM	PANY			
	1201 HAYS STREET, TALLAHASSEE, FL 32301-2525				
•			艺派		
6. The name and street address of the new registere (if changed):		red agent (if changed) and /or registered office		SEP	
	C T Corporation System			2	r
c/o C T Corporation System, 1200 South Pine Island Road				至	C
P.O. Box. NOT acceptable			独立	2	
	Plantation, Florida 33324	····	₩	ယ	
The street address as changed will	ss of its registered office and the be identical.	street address of the business office of its regist	ered age	nt,	
Such change was authorized by the	s authorized by resolution duly a	dopted by its board of directors or by an officer een notified in writing of the change.	so		
Jan	$A \cap A$	James Halpin, Vice-President Printed or typed name and title			
I hereby accept to I further agree to performance of to agent. Or, if this hereby confirm t		tent and agree to act in this capacity. Ill statutes relative to the proper and complete is and accept the obligation of my position as reg to reflect a change in the registered office address.	istered ess, I		
By: CT Corp	oration System	9/4/2014			
Sign	nare of Registered Agent	Date			
	Younan				
	Secretary ned 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
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