F060000007480

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE DIVISION OF CORFORATION

JUN - 3 2016

C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Cassandra Neill cassandra.neill@cscglobal.com

Date: May 26, 2016

Order#: 152679-003

Re: B C MARKETING CONCEPTS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Cassandra Neill c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the la ered agent, or bo	rws of the State of OREGO	ON	
1. The name of	the corporation: B.C. MARKETING CON	CEPTS, INC.			
	office address: BIA STREET, HOOD RIVER, OR 97031				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 12/04/2006	Document	number: F06000007480		
	I street address of the current registered a timent of State: (If resigned, enter resigne	-	ed office on file with the		
	NATIONAL DISTRIBUTING COMPANY	<u> </u>			ن
	4901 SAVARESE CIRCLE NORTH			2016 HAY 31	SLCF
	ТАМРА	FL	33634	AY 3	N OF GAR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					CORPORATIONS
	Corporation Service Company	····		AM 11: 24	TOR!
	1201 Hays Street				
	P.O. Box NOT	acceptable FL	32301		
The street addre	ess of its registered office and the street a be identical.			ered agen	t,
Such change was authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of cified in writing	directors or by an officer softhe change.	so	
	re of an officer or director	Jill Cilmi, Vice	President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in Service Company	d agree to act in ites relative to th ccept the obligat	this capacity. he proper and complete tion of my position as regi	istered ess, I	
· ·	nature of Registered Agent	\	Date		
_	half of an entity:	•			
	Asst. Vice President yped or Printed Name				
•					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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