Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000110703 3)))



H230001107033ABCR

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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

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

Em 3 1 1	Address:	
LINGTI	MUUI C33.	

REGISTERED AGENT CHANGE B.C. MARKETING CONCEPTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



MAR 2 4 2023

COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

B.C. MARKETING CONCEPTS, INC.

SUBJECT:
Name of Corporation

DOCUMENT NUMBER:

F06000007480

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:

Vanessa Castillo	
lame of Contact Person	
Registered Agent Solutions, Inc.	
irn/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
Tity/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Vanessa Castillo at (888) 705-7274	
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
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,050 unge is submitted for a corpor	ation organized	under the la	ws of the State of	Oregon	
	er to change its registered offic					
	the corporation: B.C. MA			CEPTS, IN	<u>C. </u>	-
	office address: 506 Coluiver, OR 97031	umbia Stre	eet			-
•	nddress (if different):	<u> </u>				_
4. Date of incorp	poration/qualification: 12/4	/2006	Document	number: F060	00007480	_
	d street address of the current artment of State: (If resigned, e		and register	ed office on file w	ith the	
	CORPORATIO	N SERV	ICE C	OMPAN)	<u> </u>	
	1201 HAYS STREET					
	TALLAHASSEE		FL	32301-2525		
 the name and (if changed): 	Registered Age	nt Solutio	ons, Inc).	2023 M. S.C.CRR S.L.L.S.R	
	155 Office Plaz		Suite A	1	ARZ	17
	Tallahassee	P.O. Box NOT	3230)1	3 PH	7
	ess of its registered office and be identical.					J
Such change wa authorized by th	as authorized by resolution de ne board, or the corporation h	uly adopted by it as been notified	ts board of a	directors or by ar of the change.	officer so	٠Ş٦
151 Michelle	_		chelle R		Manager	B
l herchy accept l further agree t of my duties, an document is bei	the appointment as registere to comply with the provisions d I am familiar with and acc ng filed merely to reflect a cl s been notified in writing of th	d agent and age of all statutes i opt the obligation nange in the reg us change.				re is e
Ма	ملك مزوهم	3	/23/202	3		
Sign	nature of Registered Agent			Date	**************************************	
lf signing on be	half of an entity:					
Mackenzie Hible	er, Assistant Secretary					
T	yped or Printed Name					
	***F	ILING FEE: \$	35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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