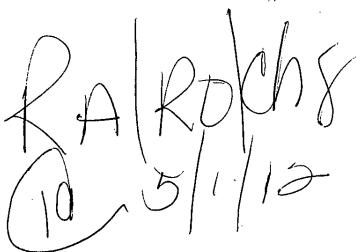
(Re	equestor's Name)	_		
(Ac	ldress)			
	,			
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bı	ısiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		-		

Office Use Only



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04/30/12--01014--010 \*\*35.00



## **COVER LETTER**

то:	Amendment Section Division of Corpor	on Pations						
SUBJE	CCT:	Building Installatio	n Group I, Inc.	, 				
DOCU	MENT NUMBER:	F08	000003531					
The end	closed Statement of	Change of Registered Offic	e/Agent and fee are subm	itted for filing.				
Please 1	return all correspond	lence concerning this matte	r to the following:					
		Jessica Metzger, Ass	Istant Secretary					
		Name of Co	ntact Person	·				
		N.I.						
		NF Firm/Co	RAI	···				
		7 11112 4	······					
		11600 College	blvd, Suite 210					
		. Ădd						
				•				
		Overland Par	k, KS 66210 nd Zip Code					
		City/State ar	nd Zip Code					
		info@nr	ai com					
	info@nrai.com  E-mail address: (to be used for future annual report notification)							
For furt	her information con	cerning this matter, please o	eall:					
	Jessica Metzger,	Assistant Secretary	_at (800)	550-6724				
	Name of Co	ntact Person	Area Code & Dayt	550-6724 ime Telephone Number				
Enclose	d is a \$35.00 check	made payable to the Depart	ment of State.					
	Di	iling Address: nendment Section vision of Corporations	Street Address Amendment S Division of Co	orporations				
		). Box 6327	Clifton Buildi					
	Ta	lahassee, FL 32314	2661 Executiv	ve Center Circle				

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{D}{D}$ are to change its registered office or registered agent, or both, in the State of Flo	elaware
1. The name of	the corporation: BUILDING INSTALLATION GROUP I, INC	\ /•
	office address: 1609 WESTERN AVE., STE. B	· · · · · · · · · · · · · · · · · · ·
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/12/2008 Document number: F0	8000003531
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the
	SHAW, JOHN	
	6222 SUSHI CT	12 12
	WESLEY CHAPEL FL 33545	SION OF CO
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ARY OF SAFEORPO
	NRAI Services, Inc.	y RAI
	515 East Park Avenue	15 ONS
	P.O. Box NOT acceptable Tallahassee, FL 32301	
The street addre	ss of its registered office and the street address of the business office of its r be identical.	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	fficer so
Do-B		resident
I hereby accept a further agree to of my duties, and document is being corporation has	Frinted or typed name and title the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and compl d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance igent. Or, if this confirm that the
NRAJ Service by: Jack sign	ature of Register Agent 04/24/2012  Date	
If signing on bel		
	ped or Printed Name	
19	* * * 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 (8/05)