Division of Corporations Electronic Filing Cover Sheet

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(((H150002986873)))



H150002986873ABCD

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

R. WHITE

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 CN UTILITY CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

12/18/2015 10:41:07 AM From: To: 8506176380(2/3)

COVER LETTER

то:	Amendment Section Division of Corporations					
CHDF	CN UTILITY CONSULTING, INC.					
SUBJECT: Name of Corporation						
DOCU	F08000003922 UMENT NUMBER:					
The er	nclosed 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					
	Firm/Company					
	Address					
	City/State and Zip Code					
	E-mail addresses (to be used for future enough report position)					
	E-mail address: (to be used for future annual report notification)					
For fu	urther information concerning this matter, please call:					
	Name of Contact Person at (
	Name of Contact Person Area Code & Daytime Telephone	√umber				
Enclos	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle	е				

Tallahassee, FL 32301

CR2E045 (03/12)

12/18/2015 10:41:07 AM From: To: 8506176380(3/3)

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

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Stati n organized under the laws of the State of <u>Lowi</u> r registered agent, or both, in the State of Flori	<u> </u>	
1. The name of	the corporation: CN UTILITY CON	SULTING, INC.		
2. The principa	office address: 5930 GRAND AVE	E, WEST DES MOINES, IA 50266		
3. The mailing	address (if different): PO BOX 818,	DES MOINES, IA 50304		
4. Date of incom	ate of incorporation/qualification: 09/08/2008 Document number: F08000003922			
	d street address of the current regis	stered agent and registered office on file with the resigned)	he	
	NRAI SERVICES, INC	•	TAS ≓	
	1200 South Pine Island Road		ECRE FLAH	
	Plantation, FL 33324		SSA MANIA MA	
6. The name an (if changed):		red agent (if changed) and /or registered office	AH 4: 20 OF STATE EE FLORIDA	
	C T Corporation System		DA BIE OC	
c/o C T Corporation System, 1200 South Pine Island Road				
	P.O.1 Plantation, Florida 33324	Box NOT acceptable		
The street addr	ress of its registered office and the l be identical.	street address of the business office of its reg	gistered agent,	
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officeen notified in writing of the change.	er so	
April W	itterus for use of an officer of an officer	April Wittenwyler, Vice President Printed or typed name and title		
I hereby accen	t the appointment as registered as	gent and agree to act in this capacity. all statutes relative to the proper and complet h and accept the obligation of my position as to reflect a change in the registered office ad tified in writing of this change.	e registered dress, I	
Bý: CT Co	rporation System	12/10/2015		
Si	nature of Registered Agent	Date		
	chalf of an entity:			
Jenifer Vincent	Typed or Printed Name			
'	Aban at samme samme			

* * * 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)