Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

REGISTERED AGENT CHANGE BCHH, INC.

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R. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help

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 Statut inge is submitted for a corporation organized under the laws of the State ofecon r to change its registered office or registered agent, or both. In the State of Florid	ylvania	-
1. The name of	the corporation: BCHH, INC.		
2. The principal	office address: STE 3901000 CLIFFMINE RD., PITTSBURGH, PA 15275-1058		
3. The mailing :	uddress (if different):	_	
4. Date of incor	poration/qualification: 5/4/2010 Document number: F10000002080		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	•	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301	1 AN	14
6. The name on (if changed):	d street address of the new registered agent (if changed) and /or registered office		SEP -:
	C T Corporation System		2
	c/o C T Corporation System, 1200 South Pine Island Road		*
	P.O. Box NOT acceptable Plantation, Florida 33324	極一	ين پ
	ess of its registered office and the street address of the business office of its registered. as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.		ent,
	Curt Kreisel, Vice-President		
	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. It is complete to comply whit the proper and complete my dulles, and I em familiar with and accept the obligation of my position as rule document is being filed merely to reflect a change in the registered office adduted the corporation has been notified in writing of this change.	egistered Iress, I	-
сто	Corporation System		
21. Cys 3	mature of Registered Agent Date		
If signing on be Alfred You Assistant Se			
)ped 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
CR2E045 (03/12)