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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**
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REGISTERED AGENT CHANGE BOHN CO.

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BOHN CO.
2. The principal office address: C/O 16506 POINTE VILLAGE DRIVE 201 LUTZ, FL 33558
3. The mailing address (if different): PO BOX 2240 LAND O LAKES, FL 34639
4. Date of incorporation/qualification: 05/02/2011 Document number: F11000001875
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
- THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 N. DALE MABRY HWY STE 110
TAMPA, FL 33618
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- THE LAW OFFICES OF NICK SPRADLIN, PLLC
18952 N. DALE MABRY HWY STE 102
LUTZ, FLORIDA 33548
- P.O. Box NOT acceptable

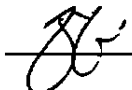
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DEBORAH A BOHN
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

06/19/2013
Date

If signing on behalf of an entity:

NICKOLAS J. SPRADLIN
Typed 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
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