F140000004819

(Requestor's Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 154913 8359684

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 21, 2021

ORDER TIME : 8:40 AM

ORDER NO. : 154913-003

CUSTOMER NO: 8359684

CHANGE OF AGENT

NAME: BDH & YOUNG INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of MN registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: BDH & YOUNG, IN	C.	
2. The principal	office address: 201 Irving Avenue N	North, Suite 200, Minneapolis, MN 55405	
3. The mailing a	ddress (if different):		
_		Document number: F14000004819	
5. The name and		ered agent and registered office on file with the	
	C T CORPORATION SYSTEM		~
	1200 SOUTH PINE ISLAND ROA	AD	,021 (
	PLANTATION, FL 33324		. 2
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	2021 C 27 AM 10: 18
	Corporation Service Company		
	1201 Hays Street		4 -
		O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the s be identical.	street address of the business office of its regist	ered agent.
Such change wa authorized by th	s authorized by resolution duly ad le board, or the corporation has bee	opted by its board of directors or by an officer en notified in writing of the change.	so
(Rice & Course	Jill Cilmi, Vice President	
~ /	of an officer or director	Printed or typed name and title	
сопротанов нах	The appointment as registered age, to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this changen Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete p e obligation of my position as registered agent in the registered office address. I hereby confi ange.	erformance Or, if this rm that the
	nature of Registered Agent	10/26/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President		
••		G FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314