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	(Re	questor's Name)
	(Add	dress)	
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	(Cit	y/State/Zip/Phor	ne #)
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Special Instruction	ons to f	Filing Officer:	-

Office Use Only



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I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: April 26, 2019

Order#: 713784-008

Re: BFG CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statute, poration organized under the laws of the State of $\frac{\square}{N}$				
	the corporation: BFG COR	office or registered agent, or both, in the State of Florida PORATION				
2. The principal	office address: 2801 Lake	side Drive Suite 212 Bannockburn, IL 60015				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 04/	17/2015 Document number: F15000001662				
5. The name and Florida Depa	d street address of the curre rtment of State: (If resigned	ent registered agent and registered office on file with the I, enter resigned)				
	Universal Registered Age	ents, Inc.				
	1317 california st.					
	tallahasseee, FL 32304		619	. =		
6. The name and (if changed):		registered agent (if changed) and /or registered office	. 20 P	-		
	Corporation Service Com	pany	PH 12: 20	· ·		
	1201 Hays Street		20			
	Tallahassee	PO Box NOT acceptable FL 32301				
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of its registr	ered age	nt.		
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer to has been notified in writing of the change.	so			
	2 agni	Jill Cilmi, Vice President		_		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provision my duties, and I am familion is document is being filed r	Printed or typed name and title ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete ar with and accept the obligation of my position as regi- merely to reflect a change in the registered office addre een notified in writing of this change.	istered ess. I			
By: Your	nature of Registered Agent	04/22/2019 Date				
-	half of an entity:	rang				
5 0	Assistant Vice President					
	aned or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *