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Division of Corporations

Fax Number : (850)617-6380

From:

60

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

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Email	Address:	

REGISTERED AGENT CHANGE BOWERS ENGINEERING SERVICES, INC.

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

BOWERS ENGINE	ERING SERVICES, INC.	
SUBJECT:Name of Corporation		
DOCUMENT NUMBER: F16000	002204	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Mary Castillo		2023 OCT -6
Name of Contact Person		300
Registered Agent Solutions, Inc.		
Firm/Company		6
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00	MIN DO
Address		
Austin, Texas 78735		<u>ب</u> ما تات
City/State and Zip Code		123 OCT -6 AH 10: 53
E-mail address: (to be used for future annua		
For further information concerning this matter, p	plense call:	
Mary Castillo Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone	
Name of Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpore	ation organized (inder the law	vs of the State of	Indian	
	r to change its registered offic	•	-	•		
1. The name of	the corporation: BOWER	S ENGIN	EERING	SERVIC	ES, II	NC.
2. The principal	office address: 127 S M	AIN STRE	ET			
	N, IN 46706					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: <u>5/12</u>	/2016	Document r	number: <u>F160</u>	00002	2204
5. The name and	d street address of the current r rtment of State: (If resigned, er	registered agent :	and registere	d office on file w	ith the	
	CORPORATIO	N SERV	ICE C	OMPAN	/	2
	1201 HAYS STREET					ī 023 0
	TALLAHASSEE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL	32301-2525		#"
6. The name and (if changed):	d street address of the new reg	_	-	-		AH 10:
	Registered Age	nt Solutic	ns, Inc	•	<u>- 15 hin</u> 1	53
	2894 Remington C	Green Ln. S	Ste. A			
	T 11 1	P.O. Box NOT	·			
	Tallahassee	FL	3230	18	_	
The street address changed will	ess of its registered office and be identical.	I the street addre	ess of the bu	siness office of i	ts registe	red agent,
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation h	aly adopted by it as been notified	ts board of d in writing o	lirectors or by an of the change.	officer s	íO
18/ Jermey l	Bowers re of an officer or director	J <u>er</u>		Bowers	Presi	dent
I further agrée : of my duties, an document is bei	the appointment as registere to comply with the provisions ad I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of th	e of all statutes i ept the obligation hange in the reg	ee to act in telative to the of my post istered office	this capacity, e proper and con ition as registere e address, I here	mplete pe al agent, by confir	rformance Or, if this m that the
M	معان طا	10	0/06/20:	23		
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Mackenzie Hible	er, Assistant Secretary					
ı	yped or Printed Name					
	* * * F	ILING FEE: \$.	35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)