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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

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

Email	Address:			

REGISTERED AGENT CHANGE BKCO, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

BKCO, Inc.

SUBJECT: Name of Corporation

DOCUMENT NUMBER: F18000001478

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo
ame of Contact Person
legistered Agent Solutions, Inc.
irm/Company
701 Directors Blvd. Suite 300
ddress
austin, Texas 78744
ity/State and Zip Code
-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Mary Castillo Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 corpord er to change its registered offic	ntion organized ur	nder the la	ws of the State of \underline{V}	Vashingto	<u>on</u>
2. The principal	the corporation: BKCO, I office address: 2211 RIN GHAM, WA 98226	MLAND DF	R, STE	. 124		
	address (if different):					
4. Date of incorp	poration/qualification: 3/26	5/2018 ₁	Document	_{number:} F1800	000147	<u>'8</u>
	d street address of the current retreet of State: (If resigned, en		nd registere	ed office on file with	the	
	CORPORATIO	N SERVI	CE C	OMPANY		
	1201 HAYS STREET				277	D 2
	TALLAHASSEE		FL	32301-2525	SECKE ALLAI	NOF 8282
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): Registered Agent Solutions, Inc.						16 AM
	155 Office Plaz	a Dr. S	Suite <i>F</i>	1	DRIO.	8: 43
	Tallahassee	P.O. Box NOT a	3230)1		
The street address changed will	ess of its registered office and be identical.	the street addres	s of the bu	siness office of its	registered a	gent,
Such change wa authorized by th	as authorized by resolution du he board, or the corporation h	uly adopted by its as been notified i	board of on writing	directors or by an o of the change.	fficer so	
/s/ Ron Cl	Ros	Ross Clawson S			<u>y</u>	
I hereby accept I further agree 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	s of all statutes re ept the obligation hange in the regis	e to act in lative to th	this capacity, we proper and comm	lete perforn	iance if this it the
Hod	matthe of Registered Agent	06	/15/20	20		
Sig	mattre of Registered Agent			Date		
If signing on be	chalf of an entity:					
	Assistant Secretary					
T	yped or Printed Name *** F	ILING FEE: \$3	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)