

# F95000005904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

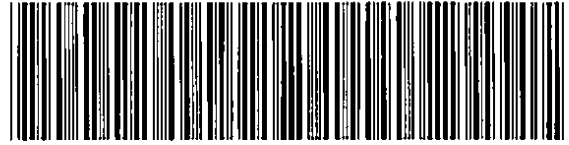
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500394723655

FILED

2022 NOV 22 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 NOV 22 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cf 11/28/2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/22/2022  
Acc#120160000072

*en: c SW*

Name:	BBC Property Co.
Document #:	
Order #:	14647905

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Minnesota BBC Property Co

Name of Corporation

DOCUMENT NUMBER: F95000005904

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Best Buy

Firm/Company

7601 Penn Ave S.

Address

Richfield, MN 55423

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kara Peterson

at ( 612 ) 291-3845

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

**FILED**

2022 NOV 22 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL

SECTION I  
(1-3 MUST BE COMPLETED)

F95000005904

(Document number of corporation (if known))

1. Minnesota BBC Property Co.  
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. 12/05/1995  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate the change:

<b>Title/Capacity</b>	<b>Name</b>	<b>Address</b>	<b>Type of Action</b>
Assistant Secretary	Eric Halverson	7601 Penn Ave S, Richfield, MN 55423	Remove
Assistant Secretary	Thomas Schneider	7601 Penn Ave S, Richfield, MN 55423	Remove
President & COO	Mike Mohan	7601 Penn Ave S, Richfield, MN 55423	Remove
VP, Procurement	Anna Barej	7601 Penn Ave S, Richfield, MN 55423	Add
VP, Enterprise Real Estate	Buddy Davenport	7601 Penn Ave S, Richfield, MN 55423	Update – title change
Assistant Secretary	Hannah Olson	7601 Penn Ave S, Richfield, MN 55423	Add
Vice President, Store Experience.	Sean Wilson	7601 Penn Ave S, Richfield, MN 55423	Add
Vice President, Filed Operations and Property Management	Mario Hernandez	7601 Penn Ave S, Richfield, MN 55423	Add
EVP, General Counsel and Chief Risk Officer	Todd Hartman	7601 Penn Ave S, Richfield, MN 55423	Update – title change
EVP, CFO	Matthew Bilunas	7601 Penn Ave S, Richfield, MN 55423	Update – title change

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Jodie Crist

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jodie Crist

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00