Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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LALLANASSEE, FLORIDA

REGISTERED AGENT CHANGE BHS SERVICES, INC.

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C.COULLIETTE

Electronic Filing Menu

Corporate Filing Menu

FEB 2 1 2012

EXAMINER

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, to rganized under the laws of the State of Colorado egistered agent, or both, in the State of Florida.		
1. The name of (the corporation: BHS SERVICES	, INC.	<u> </u>	
	office address: 301 A Street			
	ALLS, ID 83408			
3. The mailing a	address (if different): PO BOX 510	38, IDAHO FALLS, ID 83405		
4. Date of incorp	poration/qualification: 2/14/1998	Document number: F98000006771		
	d street address of the current register truent of State;	red agent and registered office on file with the		
	CT CORPORATION SYSTEM	A		
	1200 SOUTH PINE ISLAND	ROAD		
	PLANTATION FL 33324	_		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	12 FEB . SEURETA	
	Corporation Service Company	ري ري	A 2	لد_
	1201 Hays Street	LUC LUC	PM	LED
	(P.O. Box NOT acco	brapje)	, V	0
	Tallahassee, FL 32301	DRICE TO THE PROPERTY OF THE P	N	
The street addre	ess of its registered office and the s	treet address of the business office of its register	red agent,	,
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has bee	opted by its board of directors or by an officer sen notified in writing of the change.	ю	
Maur	en Cathell	Maureen Cathell, Vice President		
I hereby accept I further agree of my duties, ar document is be corporation ha	ure of an officer or director) I the appointment as registered age, to comply with the provisions of all all I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change on Service Company	(Printed or typed name and title) Int and agree to act in this capacity. I statutes relative to the proper and complete per e obligation of my position as registered agent, in the registered office address, I hereby confirmange.	rformanc Or, if thi m that the	e s g
By:	Draw Z-Kubile	February 17, 2012		
	gnature of Registered Agent)	(Date)		
•	ehalf of an entity:			
	by, Assistant Vice president			
(Typed or Printed Name)	G FFF: \$35.00 * * *		
		4 T. D. P. D. J. (1994) 11 11 11 11 11 11 11 11 11 11 11 11 11		

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