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Office Use Only



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SECRETARY OF STATE

COVER LETTER

, SOVEREE TER
TO: Amendment Section Division of Corporations
CVID VD CVID
SUBJECT: BGA, Inc. (Name of Corporation)
DOCUMENT NUMBER: J23351
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:
Linda Miulli (Name of Contact Person)
(
BGA, Inc. (Firm/Company)
3101 West Martin Luther King Jr. Blvd., Suite 110 (Address)
Tampa, FL 33607
(City/State and Zip Code)
For further information concerning this matter, please call:
Linda Miulli at (813) 375-3447 (Name of Contact Person) (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 Street Address: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

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

statement of chang	re is submitted for a c	07.0502, 617.0502, 60 orporation organized ed office or registered	under the laws of the	State of _Flor:	ida	_
1. The name of the	corporation:	BGA; Inc.				
2. The principal of Florida 3.		West Martin Lu			e 110,	<u>Tampa</u>
3. The mailing add						
4. Date of incorpor	ration/qualification: _	7-10-1986	Document number:	J23351		
5. The name and st Florida Departm		urrent registered agent	and registered office	on file with the		
_	Linda Miulli		-	<u> </u>	-	
	3550 West Wat	ers Avenue		·		m. r
	Tampa, FL 33	614			_	
6. The name and st (if changed):	reet address of the ne	ew registered agent (if	changed) and /or reg	istered office CKE	. JUL 90	7]
	Linda Miull	<u>i</u>		 SSC: XXX	<u> </u>	A MANAGEMENT OF THE PARTY OF TH
-	3101 West M	artin Luther Ki: O. Box NOT acceptable)	ng Ir. Blvd.,	Suite 110F or ORID	PM 9: 11	J
	· · · · · · · · · · · · · · · · · · ·	33607				
The street address as changed will be	of its registered off identical.	ice and the street addr	ress of the business	office of its regis	stered ag	ent,
Such change was authorized by the	authorized by resolution board or the corpor	tion duly adopted by ation has been notifie	its board of director d in writing of the c	s or by an office hange.	r so	
(Signature	of any officer or director)			ied name and title)		
I hereby accept th I further agree to of my duties, and i document is being corporation has b	e appointment as re comply with the pro I am familiar with a filed merely to refle een notified in writi	i gistered agent and ag visions of all statutes nd accept the obligati ect a change in the rej ng of this change.	ree to act in this cap relative to the prop on of my position a gistered office addre	pacity. er and complete s registered ager ess, I hereby con	perform it. Or, ij firm that	ance fthis tthe
HALL M.	Mulli		7-20-	Ob O		
(Signa If signing on beha	ture of Registered Agent)		(D	ate)		
(Тур	ed or Printed Name)		»÷—			••

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