## 1000105134

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DEPARTMENT OF STATE OF STATE OF CORPORATIONS

T. CLINE
MAR 3 0 2012
EXAMINER

CUETARY OF STATE





ACCOUNT NO. : 12000000195

REFERENCE :

7145

AUTHORIZATION :

COST LIMIT : \$ 25.00

\_\_\_\_\_

ORDER DATE: March 28, 2012

ORDER TIME : 11:07 AM

ORDER NO. : 147759-005

CUSTOMER NO:

7145A

## CHANGE OF AGENT

NAME: BEEOLOGICS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Beeologics, LL	<u>C · · · · · · · · · · · · · · · · · · ·</u>	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	800 N. Lindbergh Blvd. Mail Code E2NK	
	St. Louis, Missouri 63167	
(b) Mailing address of limited liability company:	800 N. Lindbergh Blvd.	
(Note: MAY BE POST OFFICE BOX)	Mail Code E2NK	
	St Louis, Missouri 63167	
10/16/2007	L07000105134	
3. Date of filing/registration in Florida	. Document number	
5. (a) Registered Agent and Registered Office shown on the	2 CVI	? ≥ 5•
Registered Agent:	CFRA, LLC	;
Registered Office Address:	100 S. Ashley Dr.	
regionies Chies Issuesos.	Suite 400	,
	Tampa, FL 33602	Ž
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	Registered Office address:	П
NEW Registered Agent.		
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the la that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the car hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	address of the registered office and the business se of a Florida limited liability company, it is	
(Signature of a member or authorized representative of a member)		
Tom H. Adams. Director of Sole Member (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the provision of amount and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a che confirm that the limited liability company has been notified to the confirm that the limited liability company has been notified to the confirmation of the con	ree to act in this capacity. I further agree to ver and complete performance of my duties, and is s registered agent as provided for in Chapter 60 ange in the registered office address, I hereby n writing of this change.	r 3,
(Signature of Registered Agent) Corporation Service Company	ky Peirce, Asst. Vice President	
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)