## P00000043103

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SECRETARY OF STATE
IVISION OF CORPORATION

2017 APR 19 PN 1:53

V HERRING APR 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 593059 7930346 AUTHORIZATION COST LIMIT ORDER DATE: April 11, 2017 ORDER TIME : 12:09 PM ORDER NO. : 593059-005 CUSTOMER NO: 7930346 CHANGE OF AGENT NAME: BDG DESIGN GROUP, P.A. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

## **COVER LETTER**

	dment Section on of Corporations						
SUBJECT:	BDG DESIGN GROUP, P.A.						
	Name of Co	orporation					
DOCUMENT	P00000043103 NUMBER:						
The enclosed S	Statement of Change of Registered Office	/Agent and fee are submitted for filing.					
Please return a	Il correspondence concerning this matter	to the following:					
	Michael Lucas						
Name of Contact Person							
BDG DESIGN GROUP, P.A.							
	Firm/Cor	mpany					
7645 GATE PARKWAY SUITE 201							
	Addre	ess					
JACKSONVILLE, FL 32256							
	City/State and	Zip Code					
michael@bashamlucas.com							
E-mail address: (to be used for future annual report notification)							
For further info	rmation concerning this matter, please ca	di:					
Michael Lucas		904 731-2323					
	Name of Contact Person	at () Area Code & Daytime Telephone Number					
Enclosed is a \$3	35.00 check made payable to the Departm	nent of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of cha	provisions of sections 607.05 inge is suhmitted for a corpor r to change its registered offi	ation organized under th	ne la			
	the corporation: BDG DESIG	0	r 00	nn, m me siare oj Froriau.		
2. The principal	office address: 7645 GATE F	PARKWAY SUITE 201	JAC	CKSONVILLE, FL 32256		
3. The mailing a	ddress (if different):		alo lub			
4. Date of incorp	poration/qualification: 03/30/	2017 Docum	ent	number: P00000043103		
	I street address of the current tment of State: (If resigned, e		ster	ed office on file with the		
	Michael Lucas				Pub	9
	7645 GATE PARKWAY SU	ITE 201 JACKSONVILL	.E, I	FL 32256	DIT APR	VISION
6. The name and (if changed):	street address of the new reg		) an	nd /or registered office	19 AH 9 59	DIVISION OF CORPORATION
•	1201 Hays Street				•	**:
		P.O Box NOT acceptable				
	Tallahassee		FL	32301		
				isiness office of its registered a	gent,	
Such change wa authorized by th	s authorized by resolution du e board, or the corporation h	as been notified in writing	or a	of the change.		
Michal	()ua	Michael Luc	as			
I further agree to performance of a gent. Or, if this hereby confirm to Corporation By:	the appointment as registered of comply with the provisions my duties, and I am familiar is document is being filed mental the corporation has been a Service Company	d agent and agree to act of all statutes relative to with and accept the obli- ely to reflect a change i	in i o the gati n th	e proper and complete ion of my position as registere he registered office address, I	d	
If signing on bel	Melissa Zender Asst. Vice President					
Ту	ped or Printed Name	 LING FEE: \$35.00 * *	÷			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)