

P05000113757

NO ADDRESS GIVEN

WILLIAM AMBROSE NORMAN

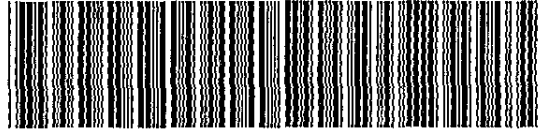
(Requestor's Name)

9733 DICK ST

(Address)

HUDSON, FL 34669

(Address)



100061660511

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

11/29/05--01003--017 **35.00

Special Instructions to Filing Officer:

Office Use Only

FILED
05 NOV 29 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHD 11/19
DEC 12/06

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BD VENTURES INC.
2. The principal office address: 9733 Dick Street
Hudson, FL. 34669
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 8-15-2005 Document number: P05000113757
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHN W. CARONER - RESIGNED
221 E. ROBERTSON ST.
BRANDON, FL 33511

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Ambrose Norman
9733 Dick Street
(P.O. Box NOT acceptable)
Hudson, FL. 34669

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Ambrose Norman William Ambrose Norman (owner/CHAIRMAN)
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William Ambrose Norman Nov. 22, 2005
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

William Ambrose Norman
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

05 NOV 29 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA