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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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R-A. Charge

JUL 0 2 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BNA SERVICES INC. Name of Corporation	
DOCUMENT NUMBER: PO 80000 797//	
The enclosed Statement of Change of Registered Office/Agent and	fee are submitted for filing.
Please return all correspondence concerning this matter to the follo	owing:
William R. WEAKIEY Name of Contact Person	
BNA SERVICES INC. Firm/Company	
4117 Hillsboro Pike Suite 103 PMB 328 Nashville, TN 37215	
	St. W. J.
City/State and Zip Code	
E-mail address: (to be used for future annual	al report notification)
For further information concerning this matter, please call: William R- WEAK/EY at (6) Name of Contact Person Area	15 665-3335
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
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

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: BWA SERVICES INC.
2. The principal office address: 118 Abbay wood DR
NAShville TN 37215
3. The mailing address (if different): Suite 103 PMB 328 Nashville, TN 37215
4. Date of incorporation/qualification: 8/37/08 Document number: Po 80000 797
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
William R WEAKley
4268 B LAKE UNSERTIIL Rd
ORIANDO FI 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
To STEPHEN STATION 6077 SWAllow Dog 3 P.O. BOX NOT acceptable LAKe LAND F1 33809
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 R Makley William To WE AKley Signature of an officer or directory 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 R Werkley 6/22/09 Signature of Registered Agent Date
If signing on behalf of an entity:
BNA SERVICES INC 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)