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2017-04-17 11:05:09 EST

12122023576 From: Kimberly Laughrey

4/17/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

*Richy*  
APR 18 2017

R. W. \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
RETAIL CONCEPTS OF MINNESOTA, INC.**

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RETAIL CONCEPTS OF MINNESOTA, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P16000100398

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:

Megan Heninger

\_\_\_\_\_  
Name of Contact Person

RETAIL CONCEPTS OF MINNESOTA, INC.

\_\_\_\_\_  
Firm/Company

PO Box 2617

\_\_\_\_\_  
Address

Windermere, FL 34786

\_\_\_\_\_  
City/State and Zip Code

megan@basin.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Heninger

\_\_\_\_\_  
Name of Contact Person

at ( 602 ) 309-5548

\_\_\_\_\_  
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

CR2E045 (03/12)

**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: RETAIL CONCEPTS OF MINNESOTA, INC.
2. The principal office address: 1720 E. BUENA VISTA BLVD., BLDG. A, LAKE BUENA VISTA, FL 32830
3. The mailing address (if different): P.O. BOX 2617, WINDERMERE, FL 32830

4. Date of incorporation/qualification: 12/22/2016 Document number: P16000100398

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)

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

1031 W. MORSE BLVD., STE. 350

WINTER PARK, FL 32789

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

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Signature of an officer or director

Shawna Heninger, President

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.*

By: C T Corporation System

Signature of Registered Agent

4/4/2017

Date

If signing on behalf of an entity:

Jennifer Quinn

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 (03/12)