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(((H100001731733)))



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To:

Division of Corporations

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Account Name Addount Number : I20100000053

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Phone

: (608)827-5300-

Fax Number

: (608)827-5501

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

Pmoil	Address:			

REGISTERED AGENT CHANGE

BSB DESIGN, INC. ARCHITECTURE AND COMMUNITY PLANNING

0
0
02
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	provisions of sections 607.0502, 617.0502, anye is submitted for a corporation organiz er to change its registered office or registere	ed under the laws of the State of <u>lo</u>	wa	
	the corporation: BSB DESIGN, INC. ARCH			
2. The principa	l office address: 6601 Westown Parkway, We	est Des Moines, IA 50266		
3. The mailing	address (if different):			
4. Date of inco	poration/qualification: 12/30/1988	Document number:	P22387	
	d street address of the current registered age urtinent of State: (If resigned, enter resigned)		i the	
	PATTERSON, DERYL			
	9191 R. G. SKINNER PARKWAY, SUITE	503		
	JACKSONVILLE FL 32256		78E-28E-28E-28E-28E-28E-28E-28E-28E-28E-2	
6. The name ar (if changed):	d street address of the new registered agent	(if changed) and /or registered offic	2010 JUL 30 SECRETARY ALLAHASSEE	ere John
	C T Corporation System		1 1 /	# 7 1
	1200 South Pine Island Road			H ACUL B LLIAN
	P.O. Box NOT	acceptable	55	
	Plantation, FL 33324			
The street add as changed wi	ress of its registered office and the street a libe identical.	ddress of the business office of its	registered agent,	
Such change v authorized by	vas authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an of the change.	officer so	
· 1//		Douglas R. Sharp, Presi		
I hereby accept further agree of my duties, a document is be	the appointment as registered agent and to comply with the provisions of all statu and I am familiar with and accept the oblighing filed mercly to reflect a change in the is been notified in writing of this change.	Printed or typed name and little agree to act in this capacity, tes relative to the proper and comp eation of my position as registered registered office address. I hereby		
Ву:	Man.	7-27-2010		
Š	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
	Mark Williams A.V.P. C T Corporation S	ystcm		
	Typed or Printed Nume * * FILING FEI	E: \$35.00 * * *		
	AT MARKET THE AT AND			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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