P22387

(Requestor's Nam	e)				
(Address)					
(Address)					
(City/State/Zip/Pho	one #)				
PICK-UP WAIT	MAIL				
(Business Entity N	ame)				
(Document Number)					
Certified Copies Certificat	tes of Status				
Special Instructions to Filing Officer:					
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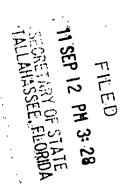
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VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: BSB DESIGN, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

Rym lin

Ryan Ermis

REGISTERED AGENT SOLUTIONS, INC.

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

statement of cha	nge is submitted for a cor	poration organize	507.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	of	
1. The name of	the corporation: BSB DE	SIGN, INC. AF	RCHITECTURE AND C	OMMUNITY PLANNING	
	office address: 6601 W		KWAY SUITE 240,		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	12/30/1988	Document number:	P22387	
	d street address of the curr rtment of State: (If resigne		t and registered office on file	e with the	
	C T CORPORATIO	N SYSTEM			
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION FL 3	3324			
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or registered	l office	
	Registered Agent S	olutions, Inc.		_ ES 8 7	
	155 Office Plaza Dr	., Suite A			
	Tallahassee, FL 32301				
	ess of its registered office be identical.	and the street add	dress of the business office		
Such change w authorized by t	as authorized by resolution he board, or the corporation	on duly adopted by on has been notifi	y its board of directors or b led in writing of the change	y an officer so	
ena	le of air officer or director	.	Printed or typed name	HAPP-PRESIDENT	
I further agree of my duties, ar document is be	the appointment as reginent to comply with the proving I am familiar with and ing filed merely to reflect to been notified in writing	sions of all statute accept the obliga a change in the r	gree to act in this capacity, s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this • tereby confirm that the	
suf (flature of Registered Agent		9-6-20 Date	11	
If signing on be	chalf of an entity:				
Firt Flore	S. 1954. Sec ypéd or Printed Name	<u></u>			

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

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