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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 BI-CON SERVICES, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

Bi-Con Services, inc.

15129570210

Name of Corporation

DOCUMENT NUMBER: P 30920

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:

Lustine Kamell

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Justine Karnell

888

705-7274

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

(((H180002868393)))

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

statement of char	provisions of sections 607.0502, 617.0502, tige is submitted for a corporation organiz to change its registered office or register	sed under the law	s of the State of	West Virgin		
	he corporation: Bi-Con Services, in				<u>.</u> .	
2. The principal	office address: 10901 CLAYPIKE RO T. OH 43733	OAD				~ · · · · ·
	ddress (if different): PO BOX 10 NT, OH 43733					
4. Date of incorp	poration/qualification: 9/11/1990	Document n	umber: P3092	20		
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned CT Corporation	ent and registere			2013 OCT	
	1200 South Pine Island Road			-	CT	
	Plantation	FL	33324	•	ພ	- 6월 - 월 7 1
6. The name and (if changed):	I street address of the new registered agent		l /or registered or	ffice	™ & 3r	意力の
	Registered Agent Solutions, In	nc.		-		
	155 Office Plaza Dr., Suite A			-		
	Tallahassee, FL 32301		,, <u>.</u>			
_	ess of its registered office and the street a be identical.				agent,	
Such change was authorized by th	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of di fied in writing o	irectors or by an f the change.	officer so		
151 Thomas	s C. Baves reof in other or director		Bauer For typed tiante and to		er	
I hereby accept I further agree to performance of agent. Or, if this	the appointment as registered upent and to comply with the provisions of all status my duties, and I am familiar with and active decembers to being filed merely to reflect the purporation has been notified in	agree to act in t tex relative to the cept the obligati ct a change in th	his capacity. s proper and con on of my position e registered offi	mplete n as register	red I	
	natural of Registered Agent	10/02/2018	Date			
•	half of an entity:		2 4,7			
	pell - Assistant Secretary					
٠.	* * * FILING FER	C: \$35.00 * * *				