					balimonos PRPF	
Organization ID # 0708389 State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta				Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/20/2014 1:50 PM Fee Receipt: \$115.00		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstate	nent Application ment Annual F for the year 2014			RST	
Exact organization name and CHANGEZ DESIGN TI 129 EAST MAIN STRE DANVILLE KY 40422	×.	name/office address form. When reinstat addresses until the r reinstatement is filed filed online at <u>app.sc</u>	e principal office address and registered agent me/office address cannot be changed on this m. When reinstating, you cannot modify the dresses until the reinstatement is filed. Once the statement is filed, the statement of change can be d online at <u>app.sos.kv.gov/fisearch</u> or can be whoaded from our website.			
Registered Agent and Register CATHY LYNCH 129 EAST MAIN STRE DANVILLE, KY 40422 Principal Officers - List the name, specified, officer addresses default to the prin	ET address and title of all current officers.	All organizations must list at least required to list a Secretary or other	one (1) officer, even in officer serving as reco	n the case of a sole rds custodian	officer. If not	
Sole Officer CATH	Y S. LYNCH	129 EMAIN	St Dan	ville KL	1 404	22
Directors - List the name and address director addresses default to the principal off		of directors is verification that the c	corporation has dispen	sed with directors. I	f not specified	l,
The above entity was administrati 2014. The undersigned states tha satisfies the requirements of KRS	t the grounds for dissolution a 271B.14-210. Enclosed is a	either did not exist or have check in the amount of \$1	been eliminated 15.00, payable to	, and the entity Kentucky Sta	y's name ite Treasu	
Under penalty of perjury, the belo information pertaining to CHANGI 271B.14-220.						8
If not an officer of said entity, plea Signature of officer or chairman of the	iont	Power of Attorney with the President Title (Required)	Reinstatement A	pplication.	(Required)	<u></u>



## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 10/20/2014

CHANGEZ DESIGN TEAM, INC.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Matthew Justice Division of Unemployment Insurance 275 East Main Street, 2-EI Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0708389





THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

October 20, 2014

## CHANGEZ DESIGN TEAM, INC. **129 EAST MAIN STREET DANVILLE KY 40422**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate CHANGEZ DESIGN TEAM, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0708389

