

F0000000 5445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

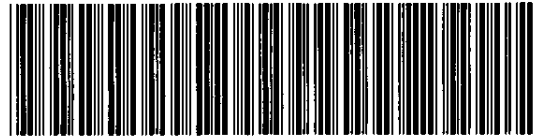
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/16--01001--014 **35.00

RECEIVED
DEPARTMENT OF STATE
16 SEP 19 PM 4: 15
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
16 SEP 19 PM 4: 13

SEP 20 2016
C McNAIR

walk in

CT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 19 PM 4:13

September 19, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 10066696 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

MAZZETTI NASH LIPSEY BURCH, INC. (CA)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 19 PM 4:13

TO: Amendment Section
Division of Corporations

SUBJECT: MAZZETTI NASH LIPSEY BURCH, INC.
Name of Corporation

DOCUMENT NUMBER: F00000005445

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

dwandry@mazzetti.com

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

For further information concerning this matter, please call:

Name of Contact Person at () 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 CA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAZZETTI NASH LIPSEY BURCH, INC.
2. The principal office address: 220 Montgomery Street, Suite 650,
San Francisco, CA 94104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/28/2000 Document number: F00000005445
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

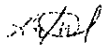
P.O. Box NOT acceptable

Plantation, Florida 33324

16 SEP 19 PM 4: 19
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

Leslie Martin, Vice 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

7/29/2016

Date

If signing on behalf of an entity:

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)