

F050000003233

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PICK-UP WAIT MAIL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Treanor Architects, P.A.

Name of Corporation

DOCUMENT NUMBER: F0500003233

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crissa Nonken

Name of Contact Person

TreanorHL, P.A.

Firm/Company

1040 Vermont Street

Address

Lawrence, KS 66044

City/State and Zip Code

cnonken@treanorhl.com

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

For further information concerning this matter, please call:

Crissa Nonken

Name of Contact Person

785 842-4858

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee.
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F05000003233

(Document number of corporation (if known))

FILED
2016 FEB 21
11:06 AM '16

1. Treanor Architects, P.A.

(Name of corporation as it appears on the records of the Department of State)

2. Kansas

(Incorporated under laws of)

3. 05/25/2005

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 07/27/2016

5. TreanorHL, P.A.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Daniel R. Rowe
(Typed or printed name of person signing)

President
(Title of person signing)

AP
53-14

**KANSAS SECRETARY OF STATE
Domestic For-Profit Corporation
Certificate of Amendment**

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

3576 01
053 014
\$35.00

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07-27-2016
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FILE#: 2246833



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This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

2246833

2. Name of corporation

Must match name on record with Secretary of State.

Treanor Architects, P.A.

3. The articles of incorporation are amended as follows:

The name of the Corporation is hereby amended to read as follows: TreanorHL, P.A.

4. The amendment was duly adopted in accordance with the provisions of K.S.A. 17-2709(a) or 17-6602.

5. Future Effective date

Must be within 90 days of filing date.

Upon filing

Future effective date:

Month

Day

Year

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Officer

Month

Day

Year

X

Name of Signer (Printed or typed)

Daniel R. Rowe, President

Phone Number

(785) 842-4858

Please review to ensure completion.

NR

Landon State Office Building
900 S.W. Jackson St., Suite 507
Topeka, KS 66612-1257



Phone: (785) 296-3053
Fax: (785) 296-0167
www.ksbtp.ks.gov

Shelby L. Lopez, Executive Director

Sam Brownback, Governor

August 24, 2016

CERTIFICATE

I, Shelby Lopez, Executive Director of the Kansas State Board of Technical Professions, do hereby certify that:

TreanorHL PA
Professional Architect Facility License A-216
Expiration Date: 12/31/2017

is fully licensed in this state to practice a technical profession and is in good standing with the Board.

BOARD OF TECHNICAL PROFESSIONS

Shelby Lopez
Executive Director



I hereby certify this to be a true and correct copy of the original on file.
Certified on this date November 7 2016
Kris W. Kobach
Secretary of State