## f06000004270

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Mel 9/4-25

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Advanced Consulting Engineers, F Name of Corporation	<sup>3</sup> .a		
DOCUMENT NUMBER: F06000004270			
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Harbor Compliance			
Name of Contact Person			
Firm/Company		S	
1830 Colonial Village Lane		ij ij Œ O	
Address			
Lancaster, PA 17601		÷ 3.	-
City/State and Zip Code		-	č
danam@acepa.net			-
E-mail address: (to be used for future annual rep	ort notification)	· .	:
		** :	Ÿ.
For further information concerning this matter, please	e call:	111	_
C Runner	nt (717 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
Name of Contact Person	at (717) 837-3205 Area Code & Daytime Telephone l	Number	-
Enclosed is a \$35.00 check made payable to the Depa	artment of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor inge is submitted for a corporation organized under the laws of the State er to change its registered office or registered agent, or both, in the State	of Maryland	d	
1. The name of t	the corporation: Advanced Consulting Engineers, P.a.			
	office address: 5235 Westview Dr Ste 100			
Frederick Maryl				
3. The mailing a	address (if different):		_	
4. Date of incorp	poration/qualification: 06-19-2006 Document number: F06	000004270		_
	d street address of the current registered agent and registered office on firtment of State: (If resigned, enter resigned)	le with the		
	INCORP SERVICES, INC.			
	3458 LAKESHORE DRIVE	<del></del>	SE	29
	Tallahassee, FL 32312		741 .	2025 JUN 30
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	d office	ECELTATO TALLAHASSET	
	Registered Agents Inc		-: .	新台
	7901 4th St N Ste 300	<del></del>	E VIE	<u>~</u>
	P.O. Box NOT acceptable St. Petersburg, Florida 33702			
The street addre	ess of its registered office and the street address of the business office be identical.	of its regis	tered ag	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or be ne board, or the corporation has been notified in writing of the change	y an officer	r so	
/s/ Dana Mohr	T Dana Mohr-Authorized S Tre of an officer or director Printed or typed name	~		_
I further agree to of my duties, and document is being the second to the	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and id I am familiar with and accept the obligation of my positton as regising filed merely to reflect a change in the registered office address, I have been notified in writing of this change.	complete i tered agen tereby conj	perform t. Or ij irm tha	ance f this t the
David Scheets	6/19/2025			
	nature of Registered Agent Date			
If signing on bel	half of an entity:			
David Robe				
Τ	* * * 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 (04/13)