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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

**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 WZG STRUCTURAL CONSULTING ENGINEERS, INC.

Certificate of Status	0
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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 PA	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: WZG STRUCTURAL CONSULTING ENGINEERS, INC.	
2. The principal office address: 1137 N. Gravel Pike, Zieglerville, PA 19492	
3. The mailing address (if different): PO BOX 24, Zieglerville, PA 19492	
4. Date of incorporation/qualification: 02/03/2014 Document number: F14000000588	
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)	
INCORP SERVICES, INC.	
3458 LAKESHORE DRIVE	
TALLAHASSEE, FL 32312 Tallahassee, FL 32312 The name and street address of the new registered agent (if changed) and for registered office.	(F
or the finite distributed of the new registered figure (a charged) and an registered of the	
Registered Agents Inc 7901 4th St N STE 300	C
7901 4th St N STE 300 PO.Box NOT acceptable	
St. Petersburg, FL 33702	
The street address of its registered office and the street address of the business office of its registered agos changed will be identical.	ent.
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.	
Natalie Bird - President Signature of an officer or director Printed or typed name and little	_
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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if locument is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change	mce this the
David Boerts 04/06/2023	_
Signatuse of Registered Agent Date	
f signing on behalf of an entity:	
David Roberts 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 (04/13)