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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (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 | • | | |
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REGISTERED AGENT CHANGE HEREFORD DOOLEY ARCHITECTS INC.

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

| statement of ch | nange is submitted for a corporation org | 502, 607.1508, or 617.1508, Florida Statutes, t unized under the laws of the State of <mark>Tennesse</mark> stered agent, or both, in the State of Florida. | | |
|--|--|--|--------------------------------------|--|
| 1. The name of | f the corporation: HEREFORD DOC | LEY ARCHITECTS INC. | | |
| | al office address: 205 17th Ave N Ste | | | |
| 3. The mailing | address (if different): 205 17th Ave | N Ste 203 Nashville TN 37203 | | |
| | | Document number: F14000004118 | } | |
| | nd street address of the current registered artment of State: (If resigned, enter resig | agent and registered office on file with the ned) | | |
| | DOOLEY, ANDREW | | 200 | |
| | 8335 SERENA CREEK AV | /ENUE | 2024 | |
| | BOYNTON BEACH, FL 33 | 3473 | $\bar{\omega}$ | |
| 6. The name an (it changed): | | ent (if changed) and /or registered office | ; ; | |
| | Registered Agents Inc | | 30 | |
| | 7901 4th St N STE 300 | | | |
| | St. Petersburg FL 33702 | lov NOT acceptable | | |
| The street addr as changed wil | ress of its registered office and the stree Il be identical. | et address of the business office of its register | ed agent. | |
| Such change wanthorized by t | vas authorized by resolution duly adopt the board, or the corporation has been r | ed by its board of directors or by an officer so totified in writing of the change. | , x | |
| | | William Hereford III - President | | |
| I hereby accep I further agree of my duties, a document is be corporation ha | t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ol- ring filed merely to reflect a change in a us been notified in writing of this chang | nd agree to act in this capacity, tudes relative to the proper and complete per digation of my position as registered agent. (he registered office address, I hereby confirm e. | formanc Or, if thi, n thát the | |
| Dad Reco | | 04/13/2023 | | |
| Si | gnature of Registered Agent | Date | | |
| If signing on b | ehalf of an entity: | | | |
| David Rob | | | | |
| | Typed or Printed Name * * * FILANC F | EE: \$35.00 * * * | | |
| | 1 11111/1/11 | A### WK/K/47/V | | |

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E(45 (04/13)