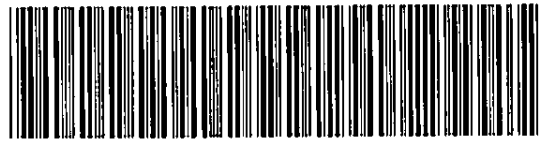


F/5000001316



600426070486

Amend

FILED  
2024 APR - 1 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR - 1 PM 2:50  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 2, 2024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 4/1/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1242520

**ORDER ENTITY**  
LJA ENGINEERING, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
LJA ENGINEERING, INC. (FL)

File the attached amendment

**NOTES:**  
\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LJA Engineering, Inc.

Name of Corporation

DOCUMENT NUMBER: F15000001316

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Shields

Name of Contact Person

HARBOR COMPLIANCE

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

license@lja.com

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

For further information concerning this matter, please call:

C. Shields

Name of Contact Person

at ( 717 ) 431-9037

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy       \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

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.)

2024 APR -1 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECTION I  
(1-3 MUST BE COMPLETED)

F15000001316

(Document number of corporation (if known))

1. LJA Engineering, Inc.

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

2. Texas

(Incorporated under laws of)

3. 03/17/2015

(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? \_\_\_\_\_

5. \_\_\_\_\_  
(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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President	<u>Steven Burkholder</u>	<u>3600 W Sam Houston Pkwy S Ste 600 Houston, TX 77042</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove
Vice President	<u>Ralph J. Rhodes</u>	<u>3600 W Sam Houston Pkwy S Ste 600 Houston, TX 77042</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove
Vice President	<u>Thirulokesh Krishnan</u>	<u>3600 W Sam Houston Pkwy S Ste 600 Houston, TX 77042</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove
Manager	<u>David Baylor</u>	<u>3600 W Sam Houston Pkwy S Ste 600 Houston, TX 77042</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add  <input type="checkbox"/> Remove

10. 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.

James D. Ross

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

James D. Ross

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**