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| (Requestor's Name) |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Marlon Blackwell Architect, P.A. Name of Cor | poration | | | |
| DOCUMENT NUMBER: F15000003386 | | | | |
| The enclosed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter | to the following: | | | |
| Justin Hershberger Name of Cont | act Person | | | |
| Marlon Blackwell Architect, P./ | ٩. | | | |
| Firm/Company | | | | |
| 42 East Center Street | | | | |
| Addre | SS | | | |
| Fayetteville, AR 72701 | | | | |
| City/State and Zip Code | | | | |
| info@marlonblackwell.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please callustin Hershberger | at (479) 973-9121 | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Departn | nent of State. | | | |
| 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 | | | |

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

| statement of cha | nge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statut on organized under the laws of the State of <u>Arkansa</u> or registered agent, or both, in the State of Floria | 5 | - | |
|---|--|--|----------|---------------|--|
| 1. The name of | the corporation: Marlon Blackwell | Architect, P.A. | | | |
| | office address: 42 East Center Stre | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification; February 9, | 2004 Document number: 800027018 | | | |
| | I street address of the current regirtment of State: (If resigned, enter | istered agent and registered office on file with the resigned) | e | | |
| | URS Agents, LLC | | | | |
| | 3458 Lakeshore Drive | 19 200 | | | |
| | Tallahassee, FL 32312 | | JUL 3 | -77 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | Registered Agents Inc. | | 22 | | |
| | 7901 4th St N STE 300 | ₩- | 40 | | |
| | P.O. Box NOT acceptable | | | | |
| | St. Petersburg FL 33702 | · | | | |
| The street address changed will | ess of its registered office and the be identical. | e street address of the business office of its regi | stered | agent, | |
| Such change was | as authorized by resolution duly ne board, or the corporation has l | adopted by its board of directors or by an office been notified in writing of the change. | er so | | |
| | Meryati Blackwell, Vice President | | | | |
| I hereby accept I further agree performance of agent. Or, if th | to comply with the provisions of my duties, and I am familiar wit | Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as r, y to reflect a change in the registered office ado otified in writing of this change. | egistere | ed | |
| Bee Han | ·• | 07/25/19 | | | |
| Sig | nature of Registered Agent | Date | | | |
| If signing on be | half of an entity: | | | | |
| Bill Havre | | _ | | | |
| T. | yped or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *