

8/31/2018

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

F99 0000 4542

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
 18 AUG 31 PM 5:00  
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 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
 OVE ARUP & PARTNERS, P.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

2018 AUG 31 AM 10:42  
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 TALLAHASSEE, FLORIDA

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ARLO  
SEP 04 2018

**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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ove Arup & Partners, P.C.

2. The principal office address: 77 Water Street, 5th Floor, New York, NY 10005

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/1/1999 Document number: F99000004542

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)

Corporation Service Company  
1201 Hays Street, Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so on has been notified in writing of the change.

*Natalie Pickens*

Natalie Pickens, VP  
Printed or typed name and title

*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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System  
By: [Signature]  
Signature of Registered Agent

8/30/2018  
Date

If signing on behalf of an entity:  
Sarah Revelle  
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 (03/12)