P93000011816

(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:				
J. HORNE MAR 20 2025				

Office Use Only



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2025 HAR 19 PM 3: 3

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/19/2025		in.	VALK IN**
ENTERV NAME Ida C	onsulting Engineers, Ir		VALK IIV
ENTITY NAME	onouting Engineers, in		
DOCUMENT NUMBER	R		
	PLEASE FILE TI	HE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE I Certified Copy of Art	FOLLOWING FOR THE ABOVE ENTITY ts & Amendments	
	Certificate of Good St	tanding	_
	APOSTILLE' / I	NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN	IATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$35.00		ACCOUNT #: I20160000072	
		S R FM	
Please call Tina at	t the above number for	any issues or concerns. Thank you so much	4.1

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

statement of cha	provisions of sections 607,0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	nized under the laws of the	State of Florida	
1. The name of t	the corporation: Ida Consulting Engineers	s, Inc.		
	office address: 3452 Lake Lynda Drive S			
3. The mailing a	iddress (if different): 1000 NW 57th Cou.	rt STE 800 Miami, FL 33126		
	poration/qualification: 10/11/1993			
5. The name and	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office		
	C T Corporation System			
	1200 S Pine Island Road			
	Plantation, FL 33324		- 2	
6. The name and (if changed):	I street address of the new registered ago	ent (if changed) and /or regi	istered office FILED	
	Registered Agents Inc		B D	
7901 4th St N Stc 300				
	P.O. Bo St. Petersburg, FL 33702	ox NOT acceptable	<u> </u>	
The street address changed will	ess of its registered office and the stree be identical.	t address of the business o	ffice of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors of the ch	or by an officer so ange.	
/s/Brant Walters Signature of an officer or director		Brent Walters, Secretary Printed or typed	Brent Walters, Secretary Printed or typed name and title	
I furthér agrèe : of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sta ed I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this change	tutes relative to the proper ligation of my position as he registered office addres	acity, r and complete performance registered agent. Or, if this ss, I hereby confirm that the	
David Roberts Signature of Registered Agent		02/14/2024		
Signature of Registered Agent		Dat	С	
If signing on be	half of an entity:			
David F	Roberts - Assistant Secretary			
T	yped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314