## F12000004195

(Requestor's Name)
(Address)
(Áddress)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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g 5/A/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 676931 8359444						
AUTHORIZATION Spelbelle man						
COST LIMIT : \$ 35.00						
ORDER DATE : May 16, 2022						
ORDER TIME : 3:13 PM						
ORDER NO. : 676931-007						
CUSTOMER NO: 8359444						
CHANGE OF AGENT						
NAME: ARORA ENGINEERS, INC.						
NAME. ARONA BROTREBIO, TRC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
COVER CE DEDGOV DE 3' CONTRACTOR DE 1'						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INITIALS:						

## 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 orgo er to change its registered office or regi.	anized under the law	vs of the State	of PA		
1. The name of	the corporation: ARORA ENGINEERS	, INC.				
2. The principal CHADDS FOR	office address: 61 WILMINGTON-WE	ST CHESTER PIKE	E, SUITE 100	)		
	address (if different):					
	poration/qualification: 10/12/2012					
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resigned)	agent and registered				
	ARORA, MANIK			202 	 	
	400 CARILLON PARKWAY SUITE 1	100		Z HAY		
	ST. PETERSBURG	FL	33716	<del>-</del>		
6. The name and street address of the new registered agent (if changed) and /or registered (if changed): Corporation Service Company				AM 8: 34	c [	
	1201 Hays Street	Box NOT acceptable				
	Tallahassee	FL	32301			
The street addreas changed will	ess of its registered office and the stree be identical.	et address of the bus	siness office of	of its registered	agent,	
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of d notified in writing o	irectors or by I the change.	an officer so		
ا کے عفی	alni	Jill Cilmi, Vice F	President			
) -	re of an officer or director		ed or typed name a	and title		
I further agree of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sto ad I am familiar with and accept the ol- ing filed merely to reflect a change in a s been notified inwriting of this chang	itutes relative to the bligation of my posi the registered office	his capacity. e proper and tion as regist e address, I h	complete perfor ered agent. Or ereby confirm th	mance if this rat the	
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n Service Company	05/17/2022				
Sig	Signature of Registered Agent Date					
If signing on be	half of an entity:					
	Asst Vice President					
Т	yped or Printed Name	TER CIFOGRAS				
	~ ~ * FILING F	FEE: \$35.00 * * * -				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)