## 3607

	(Re	questor's Name)	
<del></del>	(Add	dress)	
		<u>.</u>	
	(Adı	dress)	
· .	(City	y/State/Zip/Phone	e #)
	PICK-UP	■ WAIT	MAIL
	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
	·	·	
Certified Cop	ies	Certificates	of Status
Special Inst	ructions to f	Filing Officer.	
:			

Office Use Only



200418429702

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 3658-79

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE: March 15, 2024

ORDER TIME : 12:45 PM

ORDER NO. : 365879-004

CUSTOMER NO: 8441186

## CHANGE OF AGENT

NAME: WORKSHOP ARCHITECTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Su organized under the laws of the State of $\frac{V}{V}$ egistered agent, or both, in the State of Fla	VI		
1. The name of t	he corporation: WORKSHOP ARC	CHITECTS, INC.			
•	office address:				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 08/12/2016	Document number: F1600000	3607		
	street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file with signed)			
	COGENCY GLOBAL INC.		164 T		
	115 N. CALHOUN ST. STE 4		2024 HAR 19 PK 3: 0 SECRETARY OF STATE		
	TALLAHASSEE	FL 32301	ASSERT PER		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				
	1201 Hays Street				
		O, Box NOT acceptable			
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the s be identical.	treet address of the business office of its	registered agent,		
Such change wa authorized by th	is authorized by resolution duly adde board, or the corporation has been	opted by its board of directors or by an o en notified in writing of the change.	fficer so		
/S/ Jan van den Kieboom		Jan van den Kieboom, - Pro	esident		
•	e of an officer or director	Printed or typed name and title at and agree to act in this capacity.			
I further agree t of my duties, an document is bei corporation has	on comply with the provisions of all a comply with the provisions of all a lam familiar with and accept the filed merely to reflect a change been notified in writing of this change in Service Company	statutes relative to the proper and comp obligation of my position as registered in the registered office address, I hereby	lete performance agent. Or, if this confirm that the		
By: Llac	<u>cekubl</u>	03/13/2024			
	nature of Registered Agant	Date			
II signing on be	half of an entity:				
	Asst. Vice President				
1)	ped or Printed Name	C FFP. 625.00 + + +			
	" " " FILING	G FEE: \$35.00 * * *			

Make Checks Payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (CSC 365879-04)