## 358188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400242993374

13 MAR 25 AM IO: 26

13 HAR 25 AH 10: 31

RA/RO/Ch8



ACCOUNT NO. : 12000000195

REFERENCE: 434345 7913304

AUTHORIZATION :

COST LIMIT :  $\$^{\frac{1}{3}}$ 5.00

ORDER DATE: November 27, 2012

ORDER TIME : 3:03 PM

ORDER NO. : 434345-032

CUSTOMER NO: 7913304

## CHANGE OF AGENT

NAME: RICHARD L. BOWEN A.I.A. &

ASSOCIATES, ARCHITECTS &

PLANNERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

**EXAMINER:** 

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

statement of ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida
		ce or registered agent, or both, in the State of Florida.
		BOWEN A.I.A. & ASSOCIATES, ARCHITECTS & PLANNERS, INC
2. The principal	office address: 13000 Shake	r Boulevard, Cleveland, OH 44120
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 01/16/	1970 Document number: 358188
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)
	C T Corporation System	
	1200 South Pine Island Roa	
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office
	Corporation Service Compa	ny
	1201 Hays Street	ny
		P.O. Box. NOT acceptable
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
Ma	uran Cathely	Maureen Cathell, Vice President
hereby accept further agree in performance of agent. Or, if the hereby confirm	the appointment as registered the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed menthat the corporation has been Service Company	Printed or typed name and title  d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change.
By: Who	nature of Registered Agent	March 22, 2013
		Date
	half of an entity: Assistant Vice President	
	rped or Printed Name	<del></del>
-,	•	LING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (63/12)