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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6380	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: I20100000062	
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	
		s for this business entity to be used for future	
	awal accept maili	ngs. Enter only one email address please.**	

REGISTERED AGENT CHANGE RICHARD L. BOWEN A.I.A. & ASSOCIATES, ARCHITECTS & P

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COVER LETTER

RICHARD L. BOWEN A.I.A. & ASSOCIATES, ARCHITECTS &	PLANNERS, INC.
SUBJECT:	
Name of Corporation	
DOCUMENT NUMBER: 358188	
The enclosed Statement of Change of Registered Office/Agent and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
•	
Mary Castillo	
Name of Contact Person	1-2
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	<u>></u>
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo	701.7371
Name of Contact Person at { sss Area Code &	105-1214
Name of Confact Person Area Code of	e Dayume Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
<u>Mailing Address:</u> Amendment Section Street Address: Amendment Section	ion
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Ta	
Tallahassee, FL 32314 2415 N. Monroe Tallahassee, FL 3	

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050, inge is submitted for a corpora ir to change its registered office	tion organized	under the la	ws of the State of _	Florida
1. The name of t	the corporation: RICHARD L. E	30WEN A.I.A	. & ASSOCI	ATES, ARCHITEC	CTS & PLANNERS, IN
2. The principal	office address: 2019 CE LAND, OH 44113				
	ddress (if different):	<u>.</u>			
4. Date of incorp	poration/qualification: 1/16/	/1970	_ Document	number: 35818	38
	I street address of the current re tment of State: (If resigned, en		and register	ed office on file wi	th the
	CORPORATIO	N SER	/ICE C	OMPANY	, ~:
	1201 HAYS STREET				•
	TALLAHASSEE		FL	32301-2525	^ 3_
(if changed):	Registered Ager 155 Office Plaza	nt Solutio	_	D	······································
	Tallahassee	P.O. Box NO FL	l'acceptable 3230	01	-
=	ess of its registered office and be identical. as authorized by resolution du				
	is authorized by resolution du ne board, or the corporation ha	is been notifie	d in writing	of the change.	
/s/ Allan Re	ingi	A <u>l</u> l	an Ren	ZÍ ted or typed name and til	Authorized Signer
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of I am familiar with and acce to filed merely to reflect a che been notified in writing of the	l agent and ag of all statutes ot the obligati ange in the req is change.		* *	
Ma	we'r dil	C	4/21/20)23	
Sign	nature of Registered Agent	_ _		Date	
If signing on be	half of an entity:				
	r, Assistant Secretary				
Ту	ped or Printed Name * * * F1	LING FEE: S	\$35.00 * * *		