Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

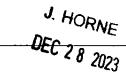
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

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

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Page Count	01
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Help



TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: RICHARD L. BOWEN A.I.A. & ASSO	OCIATES, ARCHITECTS & PLANNERS, IN
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	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
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, p	please call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.050. ange is submitted for a corpora	tion organize	ed under the laws of the	State of Florida	-		
	r to change its registered office	•	-	-			
1. The name of	the corporation: RICHARD L. B	BOWEN A.LA	& ASSOCIATES, ARCI	ITTECTS & PLANNERS, INC	:		
2. The principal	office address: 2019 CENTER	STREET SUI	TE 500 CLEVELAND,	OH 44113	-		
	address (if different):				-		
4. Date of incor	poration/qualification: 01/16/19	970	Document number:	358188			
	d street address of the current re rtment of State: (If resigned, en			on file with the			
	REGISTERED AGENT SOLU	ITIONS, INC.					
	155 OFFICE PLAZA DR. SUITE A						
	Tallahassee, FL 32301						
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or reg	istered office			
	Registered Agent Solutions, Inc	c.		·	•		
	2894 Remington Green Ln. Ste	. A	•				
P.O. Box NOT acceptable					. ?		
	Tallahassee, FL 32308				•		
The street address changed will	ess of its registered office and be identical.	the street ad	dress of the business of	ffice of its registered ager	it,		
Such change wanthorized by t	as authorized by resolution du he board, or the corporation ha	ily adopted b as been notif	y its board of directors ied in writing of the ch	or by an officer so sange.			
Isl Macken.	zie Hibler		Mackenzie Hibler, Auth	orized Person			
I hereby accept I further agree of my duties, ar document is be	te of an officer or director t the appointment as registered to comply with the provisions and I am familiar with and acce- ing filed merely to reflect a ch s been notified in writing of th	of all statute opt the obliga ange in the r	ngree to act in this cap is relative to the prope ution of my position as	r and complete performan registered agent. Or, if th	us		
Ma	er of		12/26/2023				
Sig	gnor of Registered Agent		Da	te	-		
If signing on bo	chalf of an entity:						
-	er, Assistant Secretary						
:	Typed or Printed Name						

* * * FILING FEE: \$35.00 * * *