

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  entified Copies Certificates of Status  Special Instructions to Filing Officer: |                   |          |                |             | <u> </u>     |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  entified Copies Certificates of Status  Special Instructions to Filing Officer:            |                   | (Req     | juestor's f    | lame)       | 1            |
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 $01/17/18(-01048--002) \to \$35,00$ 

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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: January 15, 2018

Order#: 997214-019

Re: O'BRIEN & GERE ENGINEERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of che  | mge is submitted for  | s 607.0502, 617.050<br>a corporation organ<br>tered office or registe   | ized under the la  | nvs of the State                                 | e of NY                         |
|---|---|---|--|--|---------------------------------|
|   |   | RIEN & GERE ENGI  |  |  |                                 |
| 2. The principal  | office address: 333   | W Washington St, S  | yracuse, NY 132  | 102  |                                 |
| 3. The mailing :  | oddress (if different):   | PO Box 4873, Syrac  | cuse, NY 13221   |  |                                 |
| 4. Date of incor  | poration/qualification  | n: 08/08/1973   | Document   | number: 830                                      | 597                             |
|   |   | e current registered a<br>esigned, enter resigne  |  | ed office on fi                                  | le with the                     |
|   | 1200 South Pine Is  | land Road   |  |  |                                 |
|   | Plantation  |   | FL   | 33324  |                                 |
| 6. The name and (if changed):   | d street address of the   | e new registered ager   | nt (if changed) ar   | nd /or registere                                 | ed office                       |
|   | Corporation Service   | e Company   |  |  | 2000年1000年100日                  |
|   | 1201 Hays Street  |   |  |  |                                 |
|   | Tallahassee   | PO Box NOT  | acceptable<br>FL   | 32301  |                                 |
| as changed will   | be identical.   |   |  |  | of its registered agent.        |
| Such change was authorized by the                                       | as authorized by reso<br>he board, or the corp                      | olution duly adopted<br>location has been not   | by its board of o<br>lified in writing   | directors or by of the change.                   | r am officer 50                 |
|   | <u>e e a a co</u>   | <u> </u>  | Jill Cilmi   |  | Vice President                  |
| I further agree<br>performance of<br>agent, Or, if th<br>hereby confirm | to comply with the p<br>my duties, and I am<br>is document is being | registered agent and<br>rovisions of all state<br>familiar with and a<br>filed merely to refle<br>thas been notified in | l agree to act in<br>ites relative to th<br>coept the obliga-<br>ect a change in t | he proper and<br>tion of my pos<br>he registered | complete<br>ation as registered |
| By: Sign  | Mr. Lokubi  | <del>-</del>  | 01/12/2018   | Date   |                                 |
| _   | chalf of an entity:   | `   |  |  |                                 |
|   | , Asst. Vice Presider   | nt  |  |  |                                 |
| 1   | yped or Printed Name  | * * * FILING FE   | E: \$35.00 * * *   |  |                                 |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)