838040

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

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From: Meghan Groom meghan.groom@cscglobal.com

Date: November 18, 2020

Order#: 521490-005

Re: SB ARCHITECTS

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$535.00.

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: Meghan Groom

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 cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of	CA	
		or registered agent, or both, in the State of i	Florida.	
1. The name of	the corporation: SB ARCHITECT	rs inc.		
2. The principal	office address:			
ONE BEACH S	STREET SUITE 101 SAN FRAN	ICISCO, CA 94133		
3. The mailing a	address (if different):			
4. Date of incor	. Date of incorporation/qualification: 03/16/1977 Document number: 838040			
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file w er resigned)	ith the	
	CT CORPORATION SYSTEM	<u> </u>		
	1200 S. PINE ISLAND ROAD			
	PLANTATION, FL 33324		••	
6. The name and (if changed):		ered agent (if changed) and /or registered of	 fice :	
	Corporation Service Company		- ႏ သ	
	1201 Hays Street			
	Tallahaan	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	_	
		ne street address of the business office of it		
authorized by the	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
Hoch	n-P Cosar	John R. Cisco, Treasurer		
I hereby accept I further agree i of my duties, an document is bei corporation has	to comply with the provisions of	Printed or typed name and to agent and agree to act in this capacity. All statutes relative to the proper and con the obligation of my position as registere age in the registered office address, I herel change.	nnlete nerformano	
By: <u>J</u> r	ace Cokuble	11/18/2020		
-	half of an entity:	Date		
Grace E. Kirby,	Asst. Vice President			
Ту	yped or Printed Name			

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